1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                     POSITIONS
          NAME               TYPE  LENGTH BEG  END                       CONTENTS
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MEDPARE PROVIDER ANALYSIS    REC    514                    THE REPRESENTATION OF A BENEFICIARY STAY IN AN
AND REVIEW (MEDPAR) RECORD                                 INPATIENT HOSPITAL OR IN A SKILLED NURSING FACILITY
                                                          (SNF) WHICH MAY INCLUDE ONE OR MORE FINAL ACTION
                                                          CLAIMS.

                                                          THE 1995 MEDICARE PROVIDER ANALYSIS AND REVIEW (MEDPAR
                                                          FILE CONTAINS DATA FROM CLAIMS FOR SERVICES PROVIDED
                                                          TO MEDICARE BENEFICIARIES ADMITTED TO MEDICARE-
                                                          CERTIFIED HOSPITALS AND SKILLED NURSING FACILITIES
                                                          (SNF).  THE FILE IS CREATED QUARTERLY IN MARCH, JUNE,
                                                          SEPTEMBER, AND DECEMBER, AND IS GENERALLY AVAILABLE
                                                          TWO WEEKS AFTER THE END OF THE QUARTER.  EACH MEDPAR
                                                          RECORD REPRESENTS A BENEFICIARY STAY IN AN INPATIENT
                                                          HOSPITAL (WHERE DISCHARGED) OR IN A SNF (MAY BE
                                                          'STILL A PATIENT'; COMPLETE DISCHARGE DATA NOT ALWAYS
                                                          RECEIVED), AND MAY INCLUDE ONE CLAIM OR MULTIPLE
                                                          CLAIMS.  (APPROXIMATELY 95% OF INPATIENT MEDPAR
                                                          RECORDS AND 50% OF SNF MEDPAR RECORDS INVOLVE A
                                                          SINGLE CLAIM.)

                                                          BEGINNING IN JUNE 1995, THE INPATIENT AND SNF
                                                          CLAIMS FROM THE NATIONAL CLAIMS HISTORY (NCH)
                                                          100% NEARLINE FILE BECAME THE SOURCE OF MEDPAR.
                                                          ALSO EFFECTIVE JUNE, 1995, A MEDPAR RECORD
                                                          REPRESENTS FINAL ACTION CLAIMS DATA IN WHICH ALL
                                                          ADJUSTMENTS HAVE BEEN RESOLVED (THEREBY ELIMINATING
                                                          CREDIT-ONLY SITUATIONS).

                                                          (PRIOR TO JUNE 1995, MEDPAR WAS CREATED FROM CLAIMS
                                                          FROM THE MEDICARE QUALITY ASSURANCE (MQA) SYSTEM;
                                                          A MEDPAR RECORD REPRESENTED AN ACCUMULATION OF
                                                          ADJUSTMENT CLAIMS, SOMETIMES INCLUDING CREDIT-ONLY
                                                          STAYS.)

                                                          EFFECTIVE WITH THE 9/96 UPDATE
                                                          THE 1995 MEDPAR WAS CREATED AS FOLLOWS:

                                                          1. EACH MONTH INPATIENT AND SNF CLAIMS ARE
```

ACCUMULATED FROM THE NCH NEARLINE REPOSITORY.

2. AT THE END OF EACH QUARTER, THE MONTHLY FILES ARE
   MERGED INTO A DATABASE CONTAINING ALL CLAIMS FOR
   THE CURRENT YEAR AND PRIOR TWO YEARS.
   THE DATABASE IS PROCESSED THROUGH THE FINAL
   ACTION ALGORITHMS.

3. THE FINAL-ACTIONED DATABASE IS SPLIT INTO
   TWO SEGMENTS FOR EACH YEAR.
   INPATIENT CLAIMS WITH DISCHARGE DATES AND SNF
   CLAIMS WITH ADMISSION DATES IN JANUARY THROUGH
   SEPTEMBER ARE IN THE FIRST SEGMENT; CLAIMS WITH
   DATES IN OCTOBER THROUGH DECEMBER ARE IN THE
   SECOND SEGMENT. THIS ALLOWS FOR THE CREATION
   OF FISCAL YEAR OR CALENDAR YEAR FILES AS
   NEEDED.

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                                    POSITIONS
          NAME                TYPE  LENGTH BEG  END                          CONTENTS
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4. THE CLAIMS REMAINING FROM THE FINAL
   ACTION PROCESSING ARE COLLAPSED BY
   CLAIM NUMBER, ADMISSION DATE, AND PROVIDER
   NUMBER (ALL IN ASCENDING ORDER) TO CREATE A
   STAY RECORD. THE RECORDS ARE FURTHER SORTED BY
   CLAIM FROM DATE, CLAIM THRU DATE, (BOTH IN
   ASCENDING ORDER), HCFA PROCESS DATE (DESCENDING),
   AND QUERY CODE (DESCENDING); AND THE RESULTS ARE
   USED TO CREATE MEDPAR.

FOR THE 6/95 THROUGH THE 6/96 UPDATES
THE 1995 MEDPAR WAS CREATED AS FOLLOWS:

       *   EACH MONTH INPATIENT AND SNF CLAIMS ARE
   ACCUMULATED FROM THE NCH NEARLINE REPOSITORY.

       *   AT THE END OF EACH QUARTER, THE MONTHLY FI
   ARE MERGED INTO A DATABASE CONTAINING ALL CLAIMS FOR
   THE CURRENT YEAR AND PRIOR TWO YEARS. THE DATABASE
   IS SPLIT INTO TWO SEGMENTS FOR EACH YEAR.
   INPATIENT CLAIMS WITH DISCHARGE DATES AND SNF

CLAIMS WITH ADMISSION DATES IN JANUARY THROUGH
SEPTEMBER ARE IN THE FIRST SEGMENT; CLAIMS WITH
DATES IN OCTOBER THROUGH DECEMBER ARE IN THE
SECOND SEGMENT. THIS ALLOWS FOR THE CREATION
OF FISCAL YEAR OR CALENDAR YEAR FILES AS
NEEDED.

        * THE SEGMENTS ARE PROCESSED THROUGH THE FIN
ACTION ALGORITHMS. THE CLAIMS REMAINING FROM
THE FINAL ACTION PROCESSING ARE COLLAPSED BY
CLAIM NUMBER, ADMISSION DATE, AND PROVIDER
NUMBER (ALL IN ASCENDING ORDER) TO CREATE A
STAY RECORD. THE RECORDS ARE FURTHER SORTED BY
CLAIM FROM DATE, CLAIM THRU DATE, (BOTH IN
ASCENDING ORDER), HCFA PROCESS DATE (DESCENDING),
AND QUERY CODE (DESCENDING); AND THE RESULTS ARE
USED TO CREATE MEDPAR.

```
 ****  MEDPAR CLAIM LOCATOR NUMBER   GROUP    11     1   11  THIS NUMBER UNIQUELY IDENTIFIES THE BENEFICIARY.
        GROUP

    1. MEDPAR BENEFICIARY CLAIM      CHAR      9     1    9  THE NUMBER IDENTIFYING THE PRIMARY BENEFICIARY UNDER
       ACCOUNT NUMBER                                        THE SSA OR RRB PROGRAMS SUBMITTED.

                                                            NOTE:  THIS FIELD COMES FROM THE CAN THAT IS PRESENT
                                                                   ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.

                                                            COMMON ALIAS: CAN
                                                            DB2 ALIAS: BENE_CLM_ACNT_NUM
                                                            STANDARD ALIAS: MEDPAR_BENE_CLM_ACNT_NUM

                                                            SOURCE:
                                                            NCH

    2. MEDPAR CATEGORY EQUATABLE     CHAR      2    10   11  THE CODE WHICH CATEGORIZES GROUPS OF BICS REPRESENT-
1                                      -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                           POSITIONS
                NAME               TYPE  LENGTH BEG  END                          CONTENTS
       ---------------------------  ----  ------ ---------  -------------------------------------------------------
       BENEFICIARY IDENTIFICATION                                 ING SIMILAR RELATIONSHIPS BETWEEN THE BENEFICIARY
       CODE                                                       AND THE PRIMARY WAGE EARNER.

                                                                  THE EQUATABLE BIC MODULE ELECTRONICALLY MATCHES TWO
```

RECORDS THAT CONTAIN DIFFERENT BICS WHERE IT IS
APPARENT THAT BOTH ARE RECORDS FOR THE SAME
BENEFICIARY. IT VALIDATES THE BIC AND RETURNS A
BASE BIC UNDER WHICH TO HOUSE THE RECORD IN THE
NATIONAL CLAIMS HISTORY (NCH) DATABASES. (ALL
RECORDS FOR A BENEFICIARY ARE STORED UNDER A
SINGLE BIC.)

NOTE: THIS FIELD COMES FROM THE NCH CATEGORY BASE BIC
       THAT IS PRESENT ON THE FIRST CLAIM RECORD
       INCLUDED IN THE STAY.

COMMON ALIAS: EQ_BIC
DB2 ALIAS: CTGRY_EQTBL_BIC
STANDARD ALIAS: MEDPAR_CTGRY_EQTBL_BIC_CD

CODES:
   REFER TO: CTGRY_EQTBL_BENE_IDENT_TB
             IN THE CODES APPENDIX

SOURCE:
NCH

3. MEDPAR BENEFICIARY AGE   NUM   3   12   14   THE BENEFICIARY'S AGE AS OF DATE OF ADMISSION.
   COUNT

3 DIGITS UNSIGNED

COMMON ALIAS: AGE
DB2 ALIAS: MEDPAR_AGE_CNT
STANDARD ALIAS: MEDPAR_BENE_AGE_CNT

DERIVATION:
THIS FIELD IS DERIVED BY SUBTRACTING THE BENE DATE
OF BIRTH FROM THE ADMISSION DATE, PRESENT ON THE
FIRST CLAIM RECORD INCLUDED IN THE STAY. EXCEPTION:
IF THE RESULTING AGE IS 64, AND THE MSC = 10 OR
11, THE AGE IS CHANGED TO 65.

SOURCE:
NCH

4. MEDPAR BENEFICIARY SEX CODE   CHAR   1   15   15   THE SEX OF A BENEFICIARY.

NOTE: THIS FIELD COMES FROM THE SEX CODE THAT IS PRES

```
                                          ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY.

                                          COMMON ALIAS: SEX
                                          DB2 ALIAS: BENE_SEX_IDENT_CD
                                          STANDARD ALIAS: MEDPAR_BENE_SEX_CD
                                          SYSTEM ALIAS: LTSEX

                                          CODES:
1                                  -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                     POSITIONS
             NAME                TYPE  LENGTH BEG  END                            CONTENTS
    ---------------------------  ----  ------ --------- ---------------------------------------------------
                                                      1 = MALE
                                                      2 = FEMALE
                                                      0 = UNKNOWN

                                                      SOURCE:
                                                      NCH


    5. MEDPAR BENEFICIARY RACE   CHAR     1    16   16  THE RACE OF A BENEFICIARY.
       CODE
                                                      NOTE:  THIS FIELD COMES FROM THE RACE CODE THAT IS
                                                             PRESENT ON THE FIRST CLAIM RECORD INCLUDED
                                                             IN THE STAY.

                                                      COMMON ALIAS: RACE
                                                      DB2 ALIAS: BENE_RACE_CD
                                                      STANDARD ALIAS: MEDPAR_BENE_RACE_CD
                                                      SYSTEM ALIAS: LTRACE

                                                      CODES:
                                                      0 = UNKNOWN
                                                      1 = WHITE
                                                      2 = BLACK
                                                      3 = OTHER
                                                      4 = ASIAN
                                                      5 = HISPANIC
                                                      6 = NORTH AMERICAN NATIVE

                                                      SOURCE:
                                                      NCH

    6. MEDPAR BENEFICIARY MEDICARE  CHAR   2    17   18  THE CWF-DERIVED REASON FOR A BENEFICIARY'S ENTITLEMENT
```

```
        STATUS CODE                                              TO MEDICARE BENEFITS, AS OF THE REFERENCE DATE
                                                                 (CLM_THRU_DT).

                                                                 COMMON ALIAS: MSC
                                                                 DB2 ALIAS: BENE_MDCR_STUS_CD
                                                                 STANDARD ALIAS: MEDPAR_BENE_MDCR_STUS_CD
                                                                 SYSTEM ALIAS: LTMSC

                                                                 DERIVATION:
                                                                 CWF DERIVES MSC FROM THE FOLLOWING:
                                                                    1.   DATE OF BIRTH
                                                                    2.   CLAIM THROUGH DATE
                                                                    3.   ORIGINAL/CURRENT REASONS FOR ENTITLEMENT
                                                                    4.   ESRD INDICATOR
                                                                    5.   BENEFICIARY CLAIM NUMBER
                                                                 ITEMS 1,3,4,5 COME FROM THE CWF BENEFICIARY
                                                                 MASTER RECORD; ITEM 2 COMES FROM THE FI/CARRIER
                                                                 CLAIM RECORD.  MSC IS ASSIGNED AS FOLLOWS:

                                                                 MSC    OASI   DIB    ESRD    AGE           BIC
                                                                 _____  _____  _____  _____   _____        _____
                                                                 10     YES    N/A    NO      65 AND OVER   N/A
                                                                 11     YES    N/A    YES     65 AND OVER   N/A
                                                                 20     NO     YES    NO      UNDER 65      N/A
                                                                 21     NO     YES    YES     UNDER 65      N/A
1                                       -- FROM HCFA DATA DICTIONARY -- 02/15/2001
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                                             POSITIONS
            NAME                     TYPE  LENGTH BEG   END                         CONTENTS
---------------------------------    ----  ------ ---------  ------------------------------------------------------
                                                                 31     NO     NO     YES     ANY AGE       T.

                                                                 CODES:
                                                                 10 = AGED WITHOUT ESRD
                                                                 11 = AGED WITH ESRD
                                                                 20 = DISABLED WITHOUT ESRD
                                                                 21 = DISABLED WITH ESRD
                                                                 31 = ESRD ONLY

                                                                 SOURCE:
                                                                 NCH

     7. MEDPAR BENEFICIARY            CHAR     2    19    20   THE SSA STANDARD STATE CODE OF A BENEFICIARY'S
        RESIDENCE SSA STANDARD                                 RESIDENCE.
```

STATE CODE

NOTE: THIS FIELD COMES FROM THE STATE CODE THAT IS
        PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN
        THE STAY.

COMMON ALIAS: STATE
DB2 ALIAS: BENE_SSA_STATE_CD
STANDARD ALIAS: MEDPAR_BENE_RSDNC_SSA_STATE_CD

CODES:
  REFER TO: GEO_SSA_STATE_TB
                IN THE CODES APPENDIX

SOURCE:
NCH

8. MEDPAR BENEFICIARY   CHAR   3   21   23   THE SSA STANDARD COUNTY CODE OF A BENEFICIARY'S
   RESIDENCE SSA STANDARD   RESIDENCE.
   COUNTY CODE

NOTE: THIS FIELD COMES FROM THE COUNTY CODE THAT IS
        PRESENT ON THE FIRST CLAIM RECORD INCLUDED
        IN THE STAY.

COMMON ALIAS: COUNTY_CODE
DB2 ALIAS: BENE_SSA_CNTY_CD
STANDARD ALIAS: MEDPAR_BENE_RSDNC_SSA_CNTY_CD

SOURCE:
NCH

9. MEDPAR BENEFICIARY MAILING CHAR   5   24   28   THE ZIP CODE OF THE MAILING ADDRESS WHERE THE BENE-
   CONTACT ZIP CODE   FICIARY MAY BE CONTACTED.

NOTE: THIS FIELD COMES FROM THE ZIP CODE THAT IS
        PRESENT ON THE FIRST CLAIM RECORD INCLUDED
        IN THE STAY.

COMMON ALIAS: ZIP_CODE
DB2 ALIAS: BENE_MLG_ZIP_CD
STANDARD ALIAS: MEDPAR_BENE_MLG_CNTCT_ZIP_CD

SOURCE:
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                          POSITIONS
            NAME                TYPE  LENGTH BEG  END                          CONTENTS
    ---------------------------- ----  ------ ---------  -------------------------------------------------------
                                                         NCH

    10. FILLER                   CHAR     4    29   32

    11. MEDPAR ADMISSION DAY CODE NUM     1    33   33   THE CODE INDICATING THE DAY OF THE WEEK ON WHICH THE
                                                         BENEFICIARY WAS ADMITTED TO A FACILITY.

                                                         1 DIGIT UNSIGNED

                                                         COMMON ALIAS: DAY_OF_ADMISSION
                                                         DB2 ALIAS: MEDPAR_ADMSN_DAY_C
                                                         STANDARD ALIAS: MEDPAR_ADMSN_DAY_CD

                                                         DERIVATION:
                                                         THIS FIELD IS DERIVED FROM THE ADMISSION DATE THAT
                                                         IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN
                                                         THE STAY.

                                                         CODES:
                                                         1 = SUNDAY
                                                         2 = MONDAY
                                                         3 = TUESDAY
                                                         4 = WEDNESDAY
                                                         5 = THURSDAY
                                                         6 = FRIDAY
                                                         7 = SATURDAY

                                                         SOURCE:
                                                         NCH

    12. MEDPAR BENEFICIARY        CHAR     1    34   34   THE CODE USED TO IDENTIFY THE STATUS OF THE PATIENT
        DISCHARGE STATUS CODE                            AS OF THE CLM_THRU_DT.

                                                         COMMON ALIAS: DISCHARGE_STATUS
                                                         DB2 ALIAS: MEDPAR_DSCHRG_CD
                                                         STANDARD ALIAS: MEDPAR_BENE_DSCHRG_STUS_CD

                                                         DERIVATION:
                                                         THIS FIELD IS DERIVED FROM THE CLAIM STATUS CODE THAT
                                                         PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.
```

```
                                              CODES:
                                              A = DISCHARGED ALIVE (CLAIM STATUS CODE OTHER THAN 20
                                                  30)
                                              B = DISCHARGED DEAD (CLAIM STATUS CODE = 20)
                                              C = STILL A PATIENT (CLAIM STATUS CODE = 30)

                                              SOURCE:
                                              NCH

    13. MEDPAR GHO PAID CODE            CHAR     1   35   35   THE CODE INDICATING WHETHER OR NOT A GHO HAS PAID THE
                                                              PROVIDER FOR THE CLAIM(S).

                                              NOTE:   THIS FIELD COMES FROM THE GHO-PAID INDICATOR TH
                                                      IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED I
                                                      THE STAY.
1                                    -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                    POSITIONS
          NAME                 TYPE  LENGTH BEG  END                          CONTENTS
    ---------------------------- ---- ------ --------- ------------------------------------------------------

                                              COMMON ALIAS: HMO_PAID_INDICATOR
                                              DB2 ALIAS: MEDPAR_GHO_PD_CD
                                              STANDARD ALIAS: MEDPAR_GHO_PD_CD

                                              CODES:
                                              1 = GHO HAS PAID THE PROVIDER
                                              BLANK OR 0 = GHO HAS NOT PAID THE PROVIDER

                                              SOURCE:
                                              NCH

    14. MEDPAR PPS INDICATOR CODE    CHAR     1   36   36   THE CODE INDICATING WHETHER OR NOT THE FACILITY IS BEI
                                                            PAID UNDER THE PROSPECTIVE PAYMENT SYSTEM (PPS).

                                              COMMON ALIAS: PPS_INDICATOR
                                              DB2 ALIAS: MEDPAR_PPS_IND_CD
                                              STANDARD ALIAS: MEDPAR_PPS_IND_CD

                                              DERIVATION:
                                              IF THE CONDITION CODE NOT EQUAL 65 ON ALL OF THE CLAIM
                                              INCLUDED IN THE STAY AND THE THIRD POSITION OF THE
                                              PROVIDER NUMBER IS NUMERIC SET MEDPAR_PPS_IND_CD TO
                                              2 (PPS).  OTHERWISE SET IT TO 0 (NONPPS.)
```

```
                                              CODES:
                                              0 = NONPPS
                                              2 = PPS

                                              SOURCE:
                                              NCH

 ****   MEDPAR PROVIDER NUMBER        GROUP    6   37  42  THE IDENTIFICATION NUMBER OF THE INSTITUTIONAL
        GROUP                                             PROVIDER CERTIFIED BY MEDICARE TO PROVIDE SERVICES
                                                          TO THE BENEFICIARY.

  15.  MEDPAR PROVIDER STATE CODE    NUM      2   37  38  THE FIRST TWO POSITIONS OF THE PROVIDER NUMBER,
                                                          IDENTIFYING THE STATE OF THE INSTITUTIONAL PROVIDER TH
                                                          FURNISHED SERVICES TO THE BENEFICIARY DURING THE STAY.

                                                          2 DIGITS UNSIGNED

                                                          COMMON ALIAS: PROVIDER_STATE
                                                          DB2 ALIAS: MEDPAR_PRVDR_STATE
                                                          STANDARD ALIAS: MEDPAR_PRVDR_STATE_CD

                                                          DERIVATION:
                                                          THIS FIELD COMES FROM POSITIONS 1 & 2 OF THE PROVIDER
                                                          NUMBER THAT IS PRESENT ON THE FIRST CLAIM RECORD
                                                          INCLUDED IN THE STAY.

                                                          CODES:
                                                            REFER TO: GEO_SSA_STATE_TB
                                                                      IN THE CODES APPENDIX

                                                          SOURCE:
                                                          NCH
```

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                             POSITIONS
          NAME                        TYPE  LENGTH BEG  END                      CONTENTS
----------------------------------    ----  ------ ---------  --------------------------------------------------------
  16. MEDPAR PROVIDER NUMBER          CHAR    1    39   39  THE THIRD POSITION OF THE PROVIDER NUMBER, IDENTIFYING
      THIRD POSITION CODE                                   THE CATEGORY OF INSTITUTIONAL PROVIDER THAT FURNISHED
                                                            SERVICES TO THE BENEFICIARY DURING THE STAY.

                                                            COMMON ALIAS: PROVIDER_CATEGORY
```

```
                                        DB2 ALIAS: MEDPAR_PRVDR_3_CD
                                        STANDARD ALIAS: MEDPAR_PRVDR_NUM_3RD_CD

                                        DERIVATION:
                                        THIS FIELD IS POSITION 3 OF THE PROVIDER NUMBER
                                        FROM THE FIRST CLAIM RECORD INCLUDED IN THE STAY
                                        MODIFIED AS FOLLOWS:
                                           WHERE POSITION 3 IS AN ALPHA CHARACTER IT IS
                                           MOVED TO THE MEDPAR PROVIDER NUMBER SPECIAL
                                           UNIT CODE AND REPLACED WITH '0'.

                                        SOURCE:
                                        NCH
```

17. MEDPAR PROVIDER NUMBER   CHAR   3   40   42   THE LAST THREE POSITIONS OF THE PROVIDER NUMBER,
    SERIAL CODE   IDENTIFYING THE SPECIFIC SERIAL NUMBERS OF THE
                                                         INSTITUTIONAL PROVIDER THAT FURNISHED SERVICES TO THE
                                                         BENEFICIARY DURING THE STAY.

```
                                        COMMON ALIAS: PROVIDER_SEQUENCE_NUMBER
                                        DB2 ALIAS: MEDPAR_SRL_CD
                                        STANDARD ALIAS: MEDPAR_PRVDR_NUM_SRL_CD

                                        DERIVATION:
                                        THIS FIELD COMES FROM POSITIONS 4 - 6 OF THE
                                        PROVIDER NUMBER ON THE FIRST CLAIM RECORD
                                        INCLUDED IN THE STAY.

                                        SOURCE:
                                        NCH
```

18. MEDPAR PROVIDER NUMBER   CHAR   1   43   43   THE CODE IDENTIFYING THE SPECIAL NUMBERING SYSTEM FOR
    SPECIAL UNIT CODE   UNITS OF HOSPITALS THAT ARE EXCLUDED FROM PPS OR
                                                         HOSPITALS WITH SNF SWING-BED DESIGNATION.

```
                                        COMMON ALIAS: SPECIAL_UNIT
                                        DB2 ALIAS: MEDPAR_SPCL_CD
                                        STANDARD ALIAS: MEDPAR_PRVDR_NUM_SPCL_UNIT_CD

                                        DERIVATION:
                                        IF THE THIRD POSITION OF THE PROVIDER NUMBER FROM
                                        THE FIRST CLAIM RECORD INCLUDED IN THE STAY
                                        EQUALS 'S', 'T', 'U', 'W', 'Y' OR 'Z', IT IS
                                        MOVED TO THIS FIELD, OTHERWISE IT IS BLANK.
```

```
                                                  CODES:
                                                  S = PPS-EXEMPT PSYCHIATRIC UNIT
                                                  T = PPS-EXEMPT REHABILITATION UNIT
                                                  U = SWING-BED SHORT-TERM/ACUTE CARE HOSPITAL
                                                  W = SWING-BED LONG-TERM HOSPITAL
                                                  Y = SWING-BED REHABILITATION HOSPITAL
1                                      -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                   POSITIONS
          NAME              TYPE  LENGTH BEG  END                       CONTENTS
  --------------------------- ---- ------ ---------  --------------------------------------------------------
                                                  Z = SWING-BED RURAL PRIMARY CARE HOSPITAL; EFF.
                                                      10/97 CHANGED TO CRITICAL ACCESS HOSPITALS
                                                  BLANKS = NOT PPS-EXEMPT OR SWING-BED DESIGNATION

                                                  SOURCE:
                                                  NCH

  19. MEDPAR SHORT STAY/LONG   CHAR     1    44   44  THE CODE INDICATING WHETHER THE STAY IS A SHORT STAY,
      STAY/SNF INDICATOR CODE                          LONG STAY, OR SNF.

                                                  COMMON ALIAS: STAY_INDICATOR
                                                  DB2 ALIAS: MEDPAR_SS_LS_SNF_I
                                                  STANDARD ALIAS: MEDPAR_SS_LS_SNF_IND_CD

                                                  DERIVATION:
                                                  THIS FIELD IS DERIVED FROM THE THIRD POSITION OF THE
                                                  PROVIDER NUMBER THAT IS PRESENT ON THE FIRST CLAIM
                                                  RECORD INCLUDED IN THE STAY.

                                                  CODES:
                                                  N = SNF STAY (PRVDR3 = 5, 6, U, W, Y, OR Z)
                                                  S = SHORT-STAY (PRVDR3 = 0, S, T)
                                                  L = LONG-STAY (ALL OTHERS)

                                                  SOURCE:
                                                  NCH

  20. MEDPAR STAY FINAL ACTION PACK     2    45   46  THE COUNT OF THE NUMBER OF CLAIM RECORDS (FINAL ACTION
      CLAIMS COUNT                                      INCLUDED IN THE STAY.

                                                  3 DIGITS SIGNED
```

```
                                             COMMON ALIAS: NUMBER_OF_BILLS
                                             DB2 ALIAS: MEDPAR_STAY_FINL_A
                                             STANDARD ALIAS: MEDPAR_STAY_FINL_ACTN_CLM_CNT

                                             DERIVATION:
                                             THIS FIELD IS DERIVED BY COUNTING THE NUMBER OF
                                             FINAL ACTION CLAIMS USED TO CREATE THE STAY.

                                             SOURCE:
                                             NCH

 21. MEDPAR LATEST CLAIM           PACK    4   47   50  THE DATE THE LATEST CLAIM RECORD INCLUDED IN THE STAY
     ACCRETION DATE                                     ACCRETED (POSTED/PROCESSED) TO THE BENEFICIARY MASTER
                                                        RECORD AT THE CWF HOST).

                                             7 DIGITS SIGNED

                                             COMMON ALIAS: ACCRETION_DATE
                                             DB2 ALIAS: MEDPAR_LTST_CLM_AC
                                             STANDARD ALIAS: MEDPAR_LTST_CLM_ACRTN_DT

                                             EDIT-RULES:
                                             YYYYDDD
```

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                      POSITIONS
           NAME                TYPE  LENGTH BEG  END                          CONTENTS
 ---------------------------   ----  ------ ---------  ----------------------------------------------------
                                             DERIVATION:
                                             THIS FIELD COMES FROM THE HIGHEST ACCRETION DATE
                                             THAT IS PRESENT ON THE CLAIM RECORDS INCLUDED IN
                                             THE STAY.

                                             SOURCE:
                                             NCH

 22. MEDPAR BENEFICIARY MEDICARE  PACK   4   51   54  THE LAST DATE FOR WHICH THE BENEFICIARY HAD MEDICARE
     BENEFIT EXHAUSTED DATE                           COVERAGE. THIS FIELD IS COMPLETED ONLY WHERE BENEFITS
                                                      WERE EXHAUSTED BEFORE THE DISCHARGE DATE AND DURING TH
                                                      PERIOD COVERED BY STAY.

                                             7 DIGITS SIGNED
```

COMMON ALIAS: EXHAUSTED_BENEFITS_DATE
DB2 ALIAS: MEDPAR_BENE_MDCR_B
STANDARD ALIAS: MEDPAR_BENE_MDCR_BNFT_EXHST_DT

EDIT-RULES:
YYYYDDD

DERIVATION:
THIS FIELD COMES FROM THE HIGHEST BENEFITS EX-
HAUSTED DATE THAT IS PRESENT ON THE CLAIM RECORDS
INCLUDED IN THE STAY.

SOURCE:
NCH

23. MEDPAR SNF QUALIFICATION   PACK   4   55   58   THE BEGINNING DATE OF THE BENEFICIARY'S QUALIFYING
    FROM DATE   STAY. FOR INPATIENT CLAIMS, THE DATE RELATES TO
                                                           THE PPS PORTION OF THE INLIER FOR WHICH THERE IS
                                                           NO UTILIZATION TO BENEFITS. FOR SNF CLAIMS, THE
                                                           DATE RELATES TO THE QUALIFYING STAY FROM A HOSPITAL
                                                           THAT IS AT LEAST TWO DAYS IN A ROW IF THE SOURCE OF
                                                           ADMISSION IS AN 'A', OR AT LEAST THREE DAYS IN A ROW
                                                           IF THE SOURCE OF ADMISSION IS OTHER THAN AN 'A'.

                                                           7 DIGITS SIGNED

                                                           DB2 ALIAS: MEDPAR_SNF_QUALN_F
                                                           STANDARD ALIAS: MEDPAR_SNF_QUALN_FROM_DT

                                                           EDIT-RULES:
                                                           YYYYDDD

                                                           DERIVATION:
                                                           THIS FIELD COMES FROM OCCURRENCE SPAN CODE = 70 AND
                                                           RELATED OCCURRENCE SPAN FROM DATE, IF PRESENT ON
                                                           ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY. IF
                                                           MORE THAN ONE RECORD HAS AN OCCURRENCE SPAN CODE =
                                                           70, WITH DIFFERENT SPAN DATES, TEH DATE FROM THE
                                                           LAST CLAIM RECORD INCLUDED IN THE STAY IS USED.

                                                           SOURCE:
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                     POSITIONS

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              NAME                TYPE  LENGTH BEG   END                     CONTENTS
     ---------------------------  ----  ------ ---------  ------------------------------------------------------
                                                          NCH

 24.  MEDPAR SNF QUALIFICATION    PACK     4    59   62   THE ENDING DATE OF THE BENEFICIARY'S QUALIFYING
      THROUGH DATE                                        STAY.  FOR INPATIENT CLAIMS, THE DATE RELATES TO
                                                          THE PPS PORTION OF THE INLIER FOR WHICH THERE IS
                                                          NO UTILIZATION TO BENEFITS.  FOR SNF CLAIMS, THE
                                                          DATE RELATES TO THE QUALIFYING STAY FROM A HOSPITAL
                                                          THAT IS AT LEAST TWO DAYS IN A ROW IF THE SOURCE OF
                                                          ADMISSION IS AN 'A', OR AT LEAST THREE DAYS IN A ROW
                                                          IF THE SOURCE OF ADMISSION IS OTHER THAN AN 'A'.

                                                          7 DIGITS SIGNED

                                                          DB2 ALIAS: MEDPAR_SNF_QUALN_T
                                                          STANDARD ALIAS: MEDPAR_SNF_QUALN_THRU_DT

                                                          EDIT-RULES:
                                                          YYYYDDD

                                                          DERIVATION:
                                                          THIS FIELD COMES FROM THE OCCURRENCE SPAN CODE = 70 AN
                                                          RELATED OCCURRENCE SPAN THRU DATE, IF PRESENT ON ANY C
                                                          THE CLAIMS INCLUDED IN THE STAY.  IF MORE THAN ONE REC
                                                          HAS AN OCCURRENCE SPAN CODE = 70, WITH DIFFERENT SPAN
                                                          DATES, THE DATE FROM THE LAST CLAIM RECORD INCLUDED IN
                                                          THE STAY IS USED.

                                                          SOURCE:
                                                          NCH

 25.  MEDPAR ADMISSION DATE       PACK     4    63   66   THE DATE THE BENEFICIARY WAS ADMITTED FOR INPATIENT
                                                          CARE OR THE DATE THAT CARE STARTED.

                                                          NOTE:  THIS FIELD COMES FROM THE ADMISSION DATE
                                                                 THAT IS PRESENT ON THE FIRST CLAIM RECORD
                                                                 INCLUDED IN THE STAY.

                                                          7 DIGITS SIGNED

                                                          COMMON ALIAS: ADMISSION_DATE
                                                          DB2 ALIAS: MEDPAR_ADMSN_DT
                                                          STANDARD ALIAS: MEDPAR_ADMSN_DT
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                                           EDIT-RULES:
                                           YYYYDDD

                                           SOURCE:
                                           NCH

   26. MEDPAR DISCHARGE DATE         PACK    4   67   70   THE DATE ON WHICH THE BENEFICIARY WAS DISCHARGED OR DI

                                           NOTE:  THIS FIELD COMES FROM THE HIGHEST CLAIM THRU
                                           DATE THAT IS PRESENT ON THE CLAIM RECORDS INCLUDED IN
                                           THE STAY, WHERE THE CLAIM STATUS CODE IS OTHER THAN '3
                                           (STILL PATIENT) ON THE LAST CLAIM  RECORD INCLUDED IN
                                           THE STAY.  INPATIENT CLAIMS WILL ALWAYS HAVE A
1                                 -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                      POSITIONS
            NAME                  TYPE  LENGTH BEG  END                       CONTENTS
   ---------------------------- ---- ------ ---------  -------------------------------------------------
                                           DISCHARGE DATE;  SNF CLAIMS COULD HAVE A ZERO DATE.

                                           7 DIGITS SIGNED

                                           COMMON ALIAS: DISCHARGE_DATE
                                           DB2 ALIAS: MEDPAR_DSCHRG_DT
                                           STANDARD ALIAS: MEDPAR_DSCHRG_DT

                                           EDIT-RULES:
                                           YYYYDDD

                                           SOURCE:
                                           NCH

   27. MEDPAR COVERED LEVEL CARE   PACK    4   71   74   THE DATE ON WHICH A COVERED LEVEL OF CARE ENDED IN A S
       THRU DATE
                                           7 DIGITS SIGNED

                                           COMMON ALIAS: DATE_CARE_ENDED
                                           DB2 ALIAS: MEDPAR_CVR_LVL_CAR
                                           STANDARD ALIAS: MEDPAR_CVR_LVL_CARE_THRU_DT

                                           EDIT-RULES:
                                           YYYYDDD
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                                          DERIVATION:
                                          THIS FIELD COMES FROM THE DATE ASSOCIATED WITH OCCURRE
                                          CODE = 22 IF PRESENT ON ANY OF THE CLAIMS INCLUDED IN
                                          STAY. IF MULTIPLE DATES, THE HIGHEST DATE IS USED. THI
                                          FIELD IS ONLY APPLICABLE TO SNF CLAIMS.

                                          SOURCE:
                                          NCH

 28. MEDPAR BENEFICIARY DEATH    PACK      4    75   78   THE DATE THE BENEFICIARY DIED.
     DATE
                                          7 DIGITS SIGNED

                                          DB2 ALIAS: MEDPAR_BENE_DEATH_
                                          STANDARD ALIAS: MEDPAR_BENE_DEATH_DT

                                          EDIT-RULES:
                                          YYYYDDD

                                          DERIVATION:
                                          THIS FIELD COMES FROM THE BENEFICIARY DEATH DATE, IF
                                          PRESENT ON THE ENROLLMENT DATABASE, WHICH IS ACCESSED
                                          PRIOR TO CREATION OF THE QUARTERLY MEDPAR FILE.

                                          SOURCE:
                                          EDB

 29. MEDPAR BENEFICIARY DEATH    CHAR      1    79   79   THE CODE INDICATING WHETHER THE BENEFICIARY'S DATE OF
     DATE VERIFIED CODE                              DEATH HAS BEEN VERIFIED (SOURCE:  SSA'S MBR) OR
                                          ORIGINATED FROM A CLAIM RECORD.

1                                    -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                           POSITIONS
           NAME                 TYPE   LENGTH BEG   END                    CONTENTS
    ---------------------------- ----  ------ --------- -------------------------------------------------
                                          COMMON ALIAS: DEATH_INDICATOR
                                          DB2 ALIAS: MEDPAR_BENE_DEATH_
                                          STANDARD ALIAS: MEDPAR_BENE_DEATH_DT_VRFY_CD

                                          DERIVATION:
                                          THIS FIELD IS DERIVED FROM THE ENROLLMENT DATABASE'S
                                          BENEFICIARY SOURCE DEATH DATE CODE, OR FROM THE PRESEN
                                          OF A CLAIM STATUS CODE = '20' (EXPIRED) ON THE LAST
```

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                                            CLAIM RECORD INCLUDED IN THE STAY.

                                            CODES:
                                            V = DATE OF DEATH VERIFIED (EDB RECEIVED DOD FROM SSA'
                                                  MBR)
                                            B = DATE OF DEATH TAKEN FROM CLAIM (EDB RECEIVED DOD F
                                                  CLAIM)
                                            N = DATE OF DEATH NOT VERIFIED (NEITHER V OR B
                                                  APPLICABLE, BUT CLAIM STATUS CODE INDICATED DEATH)
                                            SPACE = NO DATE OF DEATH INDICATED

                                            SOURCE:
                                            EDB,NCH

****    MEDPAR INTERNAL USE SSI     GROUP    4    80    83
        GROUP

 30.    MEDPAR INTERNAL USE SSI     CHAR     1    80    80    DB2 ALIAS: MEDPAR_INTRNL_USE_
        INDICATOR CODE
                                                              COMMENT:
                                                              LIMITED AVAILABILITY; FOR INTERNAL USE ONLY; APPLICABI
                                                              TO INPATIENT CLAIMS ONLY.  WHERE NOT AVAILABLE, THIS
                                                              FIELD IS BLANK.

 31.    MEDPAR INTERNAL USE SSI DAY PACK     2    81    82    3 DIGITS SIGNED
        COUNT
                                                              DB2 ALIAS: MEDPAR_INTRNL_USE_

                                                              COMMENT:
                                                              LIMITED AVAILABILITY; FOR INTERNAL USE; APPLICABLE TO
                                                              INPATIENT CLAIMS ONLY.  WHERE NOT AVAILABLE, THIS FIEI
                                                              WILL CONTAIN ZEROES.

 32.    FILLER                      CHAR     1    83    83

 33.    MEDPAR LENGTH OF STAY DAY   PACK     3    84    86    THE COUNT IN DAYS OF THE TOTAL LENGTH OF A BENEFICIARY
        COUNT                                                 STAY IN A HOSPITAL OR SNF.

                                                              5 DIGITS SIGNED

                                                              COMMON ALIAS: LENGTH_OF_STAY
                                                              DB2 ALIAS: MEDPAR_LOS_DAY_CNT
                                                              STANDARD ALIAS: MEDPAR_LOS_DAY_CNT
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                                              DERIVATION:
                                              THIS FIELD IS DERIVED BY SUBTRACTING THE DATE OF
                                              DISCHARGE (OR THRU DATE IN SNF CASES WHERE BENEFICIARY
                                              STILL A PATIENT) FROM THE DATE OF ADMISSION. IF
                                              DIFFERENCE IS '0,' THE VALUE BECOMES A '1.'
1                                -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                        POSITIONS
            NAME                  TYPE  LENGTH BEG  END                        CONTENTS
   ----------------------------  ----  ------ ---------  ----------------------------------------------------

                                              SOURCE:
                                              NCH

   34. MEDPAR OUTLIER DAY COUNT   PACK    2    87   88   THE COUNT OF THE NUMBER OF DAYS PAID AS OUTLIERS (EITH
                                                         A DAY OR COST OUTLIER) UNDER PPS BEYOND THE DRG
                                                         THRESHOLD.

                                                         3 DIGITS SIGNED

                                                         COMMON ALIAS: OUTLIER_DAYS
                                                         DB2 ALIAS: MEDPAR_OUTLIER_DAY
                                                         STANDARD ALIAS: MEDPAR_OUTLIER_DAY_CNT

                                                         DERIVATION:
                                                         THIS FIELD IS DERIVED BY CHECKING THE MEDPAR UTILIZATI
                                                         DAY COUNT AGAINST THE DRG THRESHOLD TABLE (DRG WEIGHTS
                                                         FILE).

                                                         SOURCE:
                                                         MEDPAR

   35. MEDPAR UTILIZATION DAY     PACK    2    89   90   THE COUNT OF THE NUMBER OF COVERED DAYS OF CARE THAT A
       COUNT                                             CHARGEABLE TO MEDICARE UTILIZATION FOR THE STAY.

                                                         3 DIGITS SIGNED

                                                         COMMON ALIAS: COVERED_DAYS
                                                         DB2 ALIAS: MEDPAR_UTLZTN_DAY_
                                                         STANDARD ALIAS: MEDPAR_UTLZTN_DAY_CNT

                                                         DERIVATION:
                                                         THIS FIELD IS DERIVED BY ACCUMULATING THE UTILIZATION
                                                         COUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS
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                                                         INCLUDED IN THE STAY (I.E., THE SUM OF UTILIZATION DAY
                                                         REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).

                                                         SOURCE:
                                                         NCH

  36.  MEDPAR BENEFICIARY TOTAL     PACK     2    91   92  THE COUNT OF THE TOTAL NUMBER OF COINSURANCE DAYS
       COINSURANCE DAY COUNT                               INVOLVED WITH THE BENEFICIARY'S STAY IN A FACILITY.  F
                                                         INPATIENT SERVICES, THE BENEFICIARY IS LIABLE FOR A DA
                                                         COINSURANCE AMOUNT AFTER THE 60TH DAY AND BEFORE THE 9
                                                         DAY IN A SINGLE SPELL OF ILLNESS; FOR SNF SERVICES, TH
                                                         BENEFICIARY IS LIABLE FOR A DAILY COINSURANCE AMOUNT
                                                         AFTER THE 20TH DAY AND BEFORE THE 101ST DAY IN A SINGI
                                                         SPELL OF ILLNESS.

                                                         3 DIGITS SIGNED

                                                         COMMON ALIAS: COINSURANCE_DAYS
                                                         DB2 ALIAS: MEDPAR_TOT_COINSRN
                                                         STANDARD ALIAS: MEDPAR_TOT_COINSRNC_DAY_CNT

                                                         DERIVATION:
  1                              -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                           POSITIONS
              NAME                 TYPE  LENGTH BEG   END                          CONTENTS
     ---------------------------- ---- ------ ---------  -------------------------------------------------------
                                                         THIS FIELD IS DERIVED BY ACCUMULATING THE COINSURANCE
                                                         COUNT THAT IS PRESENT ON ANY OF THE CLAIM RECORDS
                                                         INCLUDED IN THE STAY (I.E., THE SUM OF COINSURANCE DAY
                                                         REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).

                                                         SOURCE:
                                                         NCH

  37.  MEDPAR BENEFICIARY LRD USED  PACK     2    93   94  THE COUNT OF THE NUMBER OF LIFETIME RESERVE DAYS (LRD)
       COUNT                                               USED BY THE BENEFICIARY FOR THIS STAY.

                                                         3 DIGITS SIGNED

                                                         COMMON ALIAS: LIFETIME_RESERVE_DAYS
                                                         DB2 ALIAS: MEDPAR_BENE_LRD_US
                                                         STANDARD ALIAS: MEDPAR_BENE_LRD_USE_CNT
```

DERIVATION:
THIS FIELD IS DERIVED BY ACCUMULATING THE LIFETIME
RESERVE DAYS USED COUNT THAT IS PRESENT ON ANY OF THE
CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF I
REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).

SOURCE:
NCH

38. FILLER   CHAR   12   95 106

39. MEDPAR BENEFICIARY PART A   PACK   4   107 110   THE AMOUNT OF MONEY (ROUNDED TO WHOLE DOLLARS) IDENTIF
    COINSURANCE LIABILITY   AS THE BENEFICIARY'S LIABILITY FOR PART A COINSURANCE
    AMOUNT   THE STAY.

                                                            7 DIGITS SIGNED

                                                            COMMON ALIAS: COINSURANCE_AMOUNT
                                                            DB2 ALIAS: MEDPAR_BENE_PTA_CO
                                                            STANDARD ALIAS: MEDPAR_BENE_PTA_COINSRNC_AMT

                                                            EDIT-RULES:
                                                            $$$$$$$
                                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                            DERIVATION:
                                                            THIS FIELD IS DERIVED BY ACCUMULATING THE BENEFICIARY'
                                                            PART A COINSURANCE LIABILITY AMOUNT THAT IS PRESENT ON
                                                            ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., T
                                                            SUM OF COINSURANCE AMOUNTS REPORTED ON THE CLAIMS THAT
                                                            COMPRISE THE STAY).

                                                            SOURCE:
                                                            NCH

40. MEDPAR BENEFICIARY   PACK   4   111 114   THE AMOUNT OF MONEY (ROUNDED TO WHOLE DOLLARS) IDENTIF
    INPATIENT DEDUCTIBLE   AS THE BENEFICIARY'S LIABILITY FOR THE INPATIENT
    LIABILITY AMOUNT   DEDUCTIBLE FOR THE STAY.

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                        POSITIONS
            NAME   TYPE LENGTH BEG END   CONTENTS
    ---------------------------   ---- ------ ---------   ---

7 DIGITS SIGNED

COMMON ALIAS: INPATIENT_DEDUCTIBLE
DB2 ALIAS: MEDPAR_BENE_IP_DDC
STANDARD ALIAS: MEDPAR_BENE_IP_DDCTBL_AMT

EDIT-RULES:
$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
THIS FIELD IS DERIVED BY ACCUMULATING THE BENEFICIARY
INPATIENT DEDUCTIBLE AMOUNT THAT IS PRESENT ON ANY OF
CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF T
INPATIENT DEDUCTIBLES REPORTED ON THE CLAIMS THAT
COMPRISE THE STAY).

SOURCE:
NCH

41. MEDPAR BENEFICIARY BLOOD   PACK   4   115 118   THE AMOUNT OF MONEY (ROUNDED TO WHOLE DOLLARS) IDENTIF
    DEDUCTIBLE LIABILITY AMOUNT   AS THE BENEFICIARY'S LIABILITY FOR THE BLOOD DEDUCTIBI
                                                          FOR THE STAY.

7 DIGITS SIGNED

COMMON ALIAS: BLOOD_DEDUCTIBLE
DB2 ALIAS: MEDPAR_BENE_BLOOD_
STANDARD ALIAS: MEDPAR_BENE_BLOOD_DDCTBL_AMT

EDIT-RULES:
$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
THIS FIELD IS DERIVED BY ACCUMULATING THE BENEFICIARY
BLOOD DEDUCTIBLE LIABILITY AMOUNT THAT IS PRESENT ON A
OF THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE S
OF THE BLOOD DEDUCTIBLES REPORTED ON THE CLAIMS
THAT COMPRISE THE STAY).

SOURCE:
NCH

```
42. MEDPAR BENEFICIARY PRIMARY   PACK    4   119  122   THE AMOUNT OF PAYMENT (ROUNDED TO WHOLE DOLLARS) MADE
    PAYER AMOUNT                                        BEHALF OF THE BENEFICIARY BY A PRIMARY PAYER OTHER THA
                                                        MEDICARE, WHICH HAS BEEN APPLIED TO THE COVERED MEDICA
                                                        CHARGES FOR THE STAY.

                                                        7 DIGITS SIGNED

                                                        COMMON ALIAS: PRIMARY_PAYER_AMOUNT
                                                        DB2 ALIAS: MEDPAR_BENE_PRMRY_
                                                        STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_AMT

                                                        EDIT-RULES:
1                                   -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                          POSITIONS
          NAME                   TYPE   LENGTH BEG   END                         CONTENTS
----------------------------     ----   ------ ---------     -----------------------------------------------------
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY ACCUMULATING THE BENEFICIARY
                                                        PRIMARY PAYER PAYMENT AMOUNT THAT IS PRESENT ON ANY OF
                                                        THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM
                                                        THE PRIMARY PAYER AMOUNTS REPORTED ON THE CLAIMS THAT
                                                        COMPRISE THE STAY).

                                                        SOURCE:
                                                        NCH

43. MEDPAR DRG OUTLIER APPROVED   PACK    4   123  126   THE AMOUNT OF ADDITIONAL PAYMENT (ROUNDED TO WHOLE
    PAYMENT AMOUNT                                      DOLLARS) APPROVED DUE TO AN OUTLIER SITUATION OVER THE
                                                        DRG ALLOWANCE FOR THE STAY.

                                                        7 DIGITS SIGNED

                                                        COMMON ALIAS: OUTLIER_AMOUNT
                                                        DB2 ALIAS: MEDPAR_DRG_OUTLIER
                                                        STANDARD ALIAS: MEDPAR_DRG_OUTLIER_PMT_AMT

                                                        EDIT-RULES:
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
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                                          DERIVATION:
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE DRG OUTLIER
                                          APPROVED PAYMENT AMOUNT (VALUE CODE = 17 AMOUNT) THAT
                                          PRESENT ON ANY OF THE CLAIM RECORDS INCLUDED IN THE ST
                                          (I.E., THE SUM OF OUTLIER AMOUNTS REPORTED ON THE CLAI
                                          THAT COMPRISE THE STAY).

                                          COMMENT:
                                          THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR
                                          MEDICARE PAYMENT AMOUNT.

                                          SOURCE:
                                          NCH

44. MEDPAR INPATIENT          PACK    4   127 130   THE AMOUNT PAID OVER THE DRG AMOUNT (ROUNDED TO WHOLE
    DISPROPORTIONATE SHARE                          DOLLARS) FOR THE DISPROPORTIONATE SHARE HOSPITAL FOR
    AMOUNT                                          THE STAY.

                                          7 DIGITS SIGNED

                                          COMMON ALIAS: DISPROPORTIONATE_SHARE
                                          DB2 ALIAS: MEDPAR_IP_DSPRPRTN
                                          STANDARD ALIAS: MEDPAR_IP_DSPRPRTNT_SHR_AMT

                                          EDIT-RULES:
                                          $$$$$$$
                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                          DERIVATION:
1                            -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                      POSITIONS
          NAME                 TYPE  LENGTH BEG  END                          CONTENTS
----------------------------  ----  ------ ---------   ------------------------------------------------------
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE VALUE AMOUNT
                                          ASSOCIATED WITH VALUE CODE = 18 THAT IS PRESENT ON ANY
                                          THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM
                                          VALUE CODE 18 AMOUNTS REPORTED ON THE CLAIMS THAT
                                          COMPRISE THE STAY).

                                          COMMENT:
                                          THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR
                                          MEDICARE PAYMENT AMOUNT.
```

SOURCE:
NCH

45. MEDPAR INDIRECT MEDICAL   PACK   4   131 134   THE AMOUNT OF ADDITIONAL PAYMENT (ROUNDED TO WHOLE
    EDUCATION (IME) AMOUNT   DOLLARS) MADE TO TEACHING HOSPITALS FOR IME FOR THE ST

                                                        7 DIGITS SIGNED

                                                        DB2 ALIAS: MEDPAR_IME_AMT
                                                        STANDARD ALIAS: MEDPAR_IME_AMT

                                                        EDIT-RULES:
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY ACCUMULATING THE VALUE AMOUNT
                                                        ASSOCIATED WITH VALUE CODE = 19 THAT IS PRESENT ON ANY
                                                        THE CLAIM RECORDS INCLUDED IN THE STAY (I.E., THE SUM
                                                        IME AMOUNTS - VALUE CODE 19 AMOUNTS - REPORTED ON THE
                                                        CLAIMS THAT COMPRISE THE STAY).

                                                        COMMENT:
                                                        THIS AMOUNT IS ALREADY INCLUDED IN THE MEDPAR
                                                        MEDICARE PAYMENT AMOUNT.

                                                        SOURCE:
                                                        NCH

46. MEDPAR DRG PRICE AMOUNT   PACK   4   135 138   THE AMOUNT (CALLED THE 'DRG PRICE' FOR PURPOSES OF MEI
                                                        ANALYSIS) THAT WOULD HAVE BEEN PAID IF NO DEDUCTIBLES,
                                                        COINSURANCE, PRIMARY PAYERS, OR OUTLIERS WERE INVOLVEI
                                                        (ROUNDED TO WHOLE DOLLARS).

                                                        7 DIGITS SIGNED

                                                        COMMON ALIAS: DRG_PRICE
                                                        DB2 ALIAS: MEDPAR_DRG_PRICE_A
                                                        STANDARD ALIAS: MEDPAR_DRG_PRICE_AMT

                                                        EDIT-RULES:
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

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                                                 DERIVATION:
                                                 THIS FIELD IS DERIVED BY ACCUMULATING THE FOLLOWING
1                                        -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                         POSITIONS
              NAME                TYPE  LENGTH BEG  END                        CONTENTS
    ---------------------------- ----   ------ ---------   --------------------------------------------------
                                                 AMOUNTS:  MEDPAR MEDICARE PAYMENT AMOUNT, MEDPAR
                                                 BENEFICIARY PRIMARY PAYER PAYMENT AMOUNT, MEDPAR
                                                 BENEFICIARY COINSURANCE LIABILITY AMOUNT, MEDPAR
                                                 BENEFICIARY INPATIENT DEDUCTIBLE LIABILITY AMOUNT,
                                                 MEDPAR BENEFICIARY BLOOD DEDUCTIBLE AMOUNT; AND THEN
                                                 SUBTRACTING FROM THE SUM THE MEDPAR DRG OUTLIER
                                                 APPROVED PAYMENT AMOUNT.

                                                 SOURCE:
                                                 NCH

    47. MEDPAR TOTAL PASS THROUGH  PACK     4   139  142   THE TOTAL OF ALL CLAIM PASS THROUGH AMOUNTS
        AMOUNT                                              (ROUNDED TO WHOLE DOLLARS) FOR THE STAY.

                                                 7 DIGITS SIGNED

                                                 COMMON ALIAS: BILL_TOTAL_PER_DIEM
                                                 DB2 ALIAS: MEDPAR_PASS_THRU_A
                                                 STANDARD ALIAS: MEDPAR_PASS_THRU_AMT

                                                 EDIT-RULES:
                                                 $$$$$$$
                                                 ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                 DERIVATION:
                                                 THIS FIELD IS DERIVED BY MULTIPLYING THE
                                                 PASS THRU PER DIEM AMOUNT THAT IS PRESENT ON THE LAST
                                                 CLAIM RECORD INCLUDED IN THE STAY TIMES THE MEDPAR
                                                 UTILIZATION DAY COUNT (THE SUM OF THE UTILIZATION
                                                 (COVERED) DAYS REPORTED ON THE CLAIMS THAT COMPRISE TH
                                                 STAY).

                                                 COMMENT:
                                                 ITEMS REIMBURSED AS PASS THROUGH INCLUDE CAPITAL-RELAT
                                                 COSTS, DIRECT MEDICAL EDUCATION COSTS, KIDNEY
                                                 ACQUISITION COSTS FOR HOSPITALS APPROVED AS RTC'S, ANI
                                                 BAD DEBTS (PER PROVIDER REIMBURSEMENT MANUAL, PART 1,
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                                          SECTION 2405.2).

                                          THE MEDPAR PASS THRU AMOUNT IS NOT INCLUDED IN
                                          THE MEDPAR MEDICARE PAYMENT AMOUNT.

                                          SOURCE:
                                          NCH

  48. MEDPAR TOTAL PPS CAPITAL     PACK     4   143  146   THE TOTAL AMOUNT (ROUNDED TO WHOLE DOLLARS) THAT IS
      AMOUNT                                              PAYABLE FOR CAPITAL PPS (E.G., REIMBURSEMENT FOR
                                                          DEPRECIATION, RENT, CERTAIN INTEREST, REAL ESTATE TAXE
                                                          FOR HOSPITAL BUILDINGS/EQUIPMENT SUBJECT TO PPS).

                                                          7 DIGITS SIGNED

                                                          COMMON ALIAS: PPS_CAPITAL
                                                          DB2 ALIAS: MEDPAR_TOT_PPS_CPT
                                                          STANDARD ALIAS: MEDPAR_TOT_PPS_CPTL_AMT
```

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                         POSITIONS
            NAME                  TYPE  LENGTH BEG   END                          CONTENTS
  ----------------------------   ----  ------ ---------  -------------------------------------------------------
                                                          EDIT-RULES:
                                                          $$$$$$$
                                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                          DERIVATION:
                                                          THIS FIELD IS DERIVED BY ACCUMULATING THE TOTAL PPS
                                                          CAPITAL AMOUNT THAT IS PRESENT ON ANY OF THE CLAIM
                                                          RECORDS INCLUDED IN THE STAY (I.E., THE SUM OF TOTAL F
                                                          CAPITAL AMOUNTS REPORTED ON THE CLAIMS THAT COMPRISE 1
                                                          STAY).

                                                          COMMENT:
                                                          THIS FIELD IS ALREADY INCLUDED IN THE MEDPAR
                                                          MEDICARE PAYMENT AMOUNT.

                                                          SOURCE:
                                                          NCH

  49. FILLER                      CHAR    12   147  158
```

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50. MEDPAR TOTAL CHARGE AMOUNT   PACK    4   159  162   THE TOTAL AMOUNT (ROUNDED TO WHOLE DOLLARS) OF ALL
                                                        CHARGES (COVERED AND NONCOVERED) FOR ALL SERVICES
                                                        PROVIDED TO THE BENEFICIARY FOR THE STAY.

                                                        7 DIGITS SIGNED

                                                        COMMON ALIAS: TOTAL_CHARGES
                                                        DB2 ALIAS: MEDPAR_TOT_CHRG_AM
                                                        STANDARD ALIAS: MEDPAR_TOT_CHRG_AMT

                                                        EDIT-RULES:
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY ACCUMULATING THE TOTAL CHARGE
                                                        AMOUNT FROM ALL CLAIM RECORDS INCLUDED IN THE STAY (I.
                                                        THE SUM OF TOTAL CHARGES REPORTED ON THE CLAIMS THAT
                                                        COMPRISE THE STAY).

                                                        SOURCE:
                                                        NCH

51. MEDPAR TOTAL COVERED CHARGE  PACK    4   163  166   THE PORTION OF THE TOTAL CHARGES AMOUNT (ROUNDED TO WH
    AMOUNT                                              DOLLARS) THAT IS COVERED BY MEDICARE FOR THE STAY.

                                                        7 DIGITS SIGNED

                                                        COMMON ALIAS: COVERED_CHARGES
                                                        DB2 ALIAS: MEDPAR_TOT_CVR_CHR
                                                        STANDARD ALIAS: MEDPAR_TOT_CVR_CHRG_AMT

                                                        EDIT-RULES:
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
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1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                    POSITIONS
          NAME                 TYPE  LENGTH BEG  END                          CONTENTS
-----------------------------  ----  ------ ---------   ------------------------------------------------------
                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY CALCULATING THE COVERED CHARG
                                                        FROM ALL CLAIM RECORDS INCLUDED IN THE STAY (I.E,
```

SUBTRACT THE REVENUE CENTER NONCOVERED CHARGE AMOUNT F
THE REVENUE CENTER TOTAL CHARGE AMOUNT FOR REVENUE CEN
CODE = 0001 THAT IS REPORTED ON THE CLAIMS THAT COMPRI
THE STAY; SUM THE RESULTS). EXCEPTION: IF THERE EXIS
AN ERRONEOUS CONDITION RELATIVE TO REVENUE CENTER CODE
0001, THE CALCULATION WILL BE MADE FOR EACH REVENUE
CENTER CODE INCLUDED ON THE CLAIMS THAT COMPRISE THE
STAY WITH THE RESULTS SUMMED TO CREATE THE TOTAL.

SOURCE:
NCH

52. MEDPAR MEDICARE PAYMENT   PACK   4   167 170   AMOUNT OF PAYMENT MADE FROM THE MEDICARE TRUST
    AMOUNT   FUND FOR THE SERVICES COVERED BY THE CLAIM RECORD.
                                                         GENERALLY, THE AMOUNT IS CALCULATED BY THE FI; AND
                                                         REPRESENTS WHAT WAS PAID TO THE INSTITUTIONAL
                                                         PROVIDER, WITH THE EXCEPTIONS NOTED BELOW.
                                                         **NOTE: IN SOME SITUATIONS, A NEGATIVE CLAIM PAY-
                                                         MENT AMOUNT MAY BE PRESENT; E.G., (1) WHEN A BENE-
                                                         FICIARY IS CHARGED THE FULL DEDUCTIBLE DURING A
                                                         SHORT STAY AND THE DEDUCTIBLE EXCEEDED THE AMOUNT
                                                         MEDICARE PAYS; OR (2) WHEN A BENEFICIARY IS CHARGED
                                                         A COINSURANCE AMOUNT DURING A LONG STAY AND THE
                                                         COINSURANCE AMOUNT EXCEEDS THE AMOUNT MEDICARE PAYS
                                                         (MOST PREVALENT SITUATION INVOLVES PSYCH HOSPITALS
                                                         WHO ARE PAID A DAILY PER DIEM RATE NO MATTER WHAT
                                                         THE CHARGES ARE.)

                                                         UNDER IP PPS, INPATIENT HOSPITAL SERVICES ARE PAID
                                                         BASED ON A PREDETERMINED RATE PER DISCHARGE, USING
                                                         THE DRG PATIENT CLASSIFICATION SYSTEM AND THE
                                                         PRICER PROGRAM.   ON THE IP PPS CLAIM, THE PAYMENT
                                                         AMOUNT INCLUDES THE DRG OUTLIER APPROVED PAYMENT
                                                         AMOUNT, DISPROPORTIONATE SHARE (SINCE 5/1/86), IN-
                                                         DIRECT MEDICAL EDUCATION (SINCE 10/1/88), TOTAL
                                                         PPS CAPITAL (SINCE 10/1/91). IT DOES NOT INCLUDE
                                                         THE PASS THRU AMOUNTS (I.E., CAPITAL-RELATED COSTS,
                                                         DIRECT MEDICAL EDUCATION COSTS, KIDNEY ACQUISITION
                                                         COSTS, BAD DEBTS); OR ANY BENEFICIARY-PAID AMOUNTS
                                                         (I.E., DEDUCTIBLES AND COINSURANCE); OR ANY OTHER
                                                         PAYER REMIBURSEMENT.

                                                         UNDER SNF PPS, SNFS WILL CLASSIFY BENEFICIARIES
                                                         USING THE PATIENT CLASSIFICATION SYSTEM KNOWN AS

                                          RUGS III. FOR THE SNF PPS CLAIM, THE SNF PRICER
                                          WILL CALCULATE/RETURN THE RATE FOR EACH REVENUE
                                          CENTER LINE ITEM WITH REVENUE CENTER CODE =
                                          '0022'; MULTIPLY THE RATE TIMES THE UNITS COUNT;
                                          AND THEN SUM THE AMOUNT PAYABLE FOR ALL LINES
                                          WITH REVENUE CENTER CODE '0022' TO DETERMINE THE
                                          TOTAL CLAIM PAYMENT AMOUNT.

                                          EXCEPTIONS: FOR CLAIMS INVOLVING DEMOS AND BBA
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                        POSITIONS
          NAME   TYPE LENGTH BEG END   CONTENTS
---------------------------- ---- ------ --------- --
                                          ENCOUNTER DATA, THE AMOUNT REPORTED IN THIS
                                          FIELD MAY NOT JUST REPRESENT THE ACTUAL PROVIDER
                                          PAYMENT.

                                              FOR DEMO IDS '01','02','03','04' -- CLAIMS
                                              CONTAIN AMOUNT PAID TO THE PROVIDER, EXCEPT
                                              THAT SPECIAL 'DIFFERENTIALS' PAID OUTSIDE
                                              THE NORMAL PAYMENT SYSTEM ARE NOT INCLUDED.

                                              FOR DEMO IDS '05','15' -- ENCOUNTER DATA
                                              'CLAIMS' CONTAIN AMOUNT MEDICARE WOULD HAVE
                                              PAID UNDER FFS, INSTEAD OF THE ACTUAL PAY-
                                              MENT TO THE MCO.

                                              FOR DEMO IDS '06','07','08' -- CLAIMS CONTAIN
                                              ACTUAL PROVIDER PAYMENT BUT REPRESENT A
                                              SPECIAL NEGOTIATED BUNDLED PAYMENT FOR BOTH
                                              PART A AND PART B SERVICES. TO IDENTIFY WHAT
                                              THE CONVENTIONAL PROVIDER PART A PAYMENT WOULD
                                              HAVE BEEN, CHECK VALUE CODE = 'Y4'.

                                              FOR BBA ENCOUNTER DATA (NON-DEMO) -- 'CLAIMS'
                                              CONTAIN AMOUNT MEDICARE WOULD HAVE PAID UNDER
                                              FFS, INSTEAD OF THE ACTUAL PAYMENT TO THE BBA
                                              PLAN.

                                          7 DIGITS SIGNED

                                          COMMON ALIAS: REIMBURSEMENT_AMOUNT

```
                                            DB2 ALIAS: MEDPAR_MDCR_PMT_AM
                                            STANDARD ALIAS: MEDPAR_MDCR_PMT_AMT

                                            EDIT-RULES:
                                            $$$$$$$
                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                            DERIVATION:
                                            THIS FIELD IS DERIVED BY ACCUMULATING THE PAYMENT AMOU
                                            THAT IS PRESENT ON ALL OF THE CLAIM RECORDS INCLUDED I
                                            THE STAY (I.E, THE SUM OF PAYMENT (REIMBURSEMENT)
                                            REPORTED ON THE CLAIMS THAT COMPRISE THE STAY).

                                            SOURCE:
                                            NCH
```

    53. MEDPAR ALL ACCOMMODATIONS   PACK   4   171 174   THE TOTAL CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOF
        TOTAL CHARGE AMOUNT   ALL ACCOMMODATIONS (ROUTINE HOSPITAL ROOM AND BOARD
                                                                CHARGES FOR GENERAL CARE, CORONARY CARE AND/OR INTENSI
                                                                CARE UNITS) RELATED TO A BENEFICIARY'S STAY.

                                                                7 DIGITS SIGNED

                                                                COMMON ALIAS: TOTAL_ACCOMMODATIONS_CHARGES
                                                                DB2 ALIAS: MEDPAR_ACMDTNS_TOT
                                                                STANDARD ALIAS: MEDPAR_ACMDTNS_TOT_CHRG_AMT
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                         POSITIONS
           NAME   TYPE   LENGTH BEG   END   CONTENTS
    ---------------------------- ----   ------ ---------   ---

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                                            EDIT-RULES:
                                            $$$$$$$
                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                            DERIVATION:
                                            THIS FIELD IS THE SUM OF MEDPAR PRIVATE ROOM CHARGE
                                            AMOUNT, MEDPAR SEMIPRIVATE ROOM CHARGE AMOUNT, MEDPAR
                                            WARD CHARGE AMOUNT, MEDPAR INTENSIVE CARE CHARGE AMOUN
                                            AND MEDPAR CORONARY CARE CHARGE AMOUNT (I.E., THE
                                            ACCUMULATION OF THE REVENUE CENTER TOTAL CHARGE AMOUNT
                                            ASSOCIATED WITH REVENUE CENTER CODES 0100 - 0219 FROM
                                            CLAIM RECORDS INCLUDED IN THE STAY).
```

SOURCE:
NCH

54. MEDPAR DEPARTMENTAL TOTAL   PACK   4   175   178   THE TOTAL CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
    CHARGE AMOUNT   ALL ANCILLARY DEPARTMENTS (OTHER THAN ROUTINE ROOM AND
                                                           BOARD, CCU, AND ICU) RELATED TO A BENEFICIARY'S STAY.

                                                           7 DIGITS SIGNED

                                                           COMMON ALIAS: TOTAL_DEPARTMENTAL_CHARGES
                                                           DB2 ALIAS: MEDPAR_DPRTMNTL_TO
                                                           STANDARD ALIAS: MEDPAR_DPRTMNTL_TOT_CHRG_AMT

                                                           EDIT-RULES:
                                                           $$$$$$$
                                                           ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                           DERIVATION:
                                                           THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                           TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                                           0220 - 0999 FROM ALL CLAIM RECORDS INCLUDED IN THE STA
                                                           (I.E, THE SUM OF CHARGES FOR ALL REVENUE CENTERS OTHER
                                                           THAN ACCOMMODATIONS 0100 - 0219).

                                                           SOURCE:
                                                           NCH

****   MEDPAR ACCOMMODATIONS DAYS   GROUP   10   179   188
       GROUP

55. MEDPAR PRIVATE ROOM DAY   PACK   2   179   180   THE COUNT OF THE NUMBER OF PRIVATE ROOM DAYS USED BY T
    COUNT   BENEFICIARY FOR THE STAY.

                                                           3 DIGITS SIGNED

                                                           COMMON ALIAS: PRIVATE_ROOM_DAYS
                                                           DB2 ALIAS: MEDPAR_PRVT_ROOM_D
                                                           STANDARD ALIAS: MEDPAR_PRVT_ROOM_DAY_CNT

                                                           DERIVATION:
                                                           THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                           UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTE
                                                           CODES 011X AND 014X FROM ALL CLAIM RECORDS INCLUDED IN

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001


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                                         POSITIONS
          NAME                TYPE  LENGTH BEG  END                           CONTENTS
---------------------------- ---- ------ --------- -------------------------------------------------------
                                                  THE STAY.

                                                  EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:
                                                    FIELD IS DERIVED FROM REVENUE CENTER CODES
                                                    IN THE 9033-9044 SERIES.

                                                  SOURCE:
                                                  NCH

 56. MEDPAR SEMIPRIVATE ROOM DAY  PACK    2   181  182  THE COUNT OF THE NUMBER OF SEMI-PRIVATE ROOM DAYS USED
     COUNT                                        THE BENEFICIARY FOR THE STAY.

                                                  3 DIGITS SIGNED

                                                  COMMON ALIAS: SEMI_PRIVATE_ROOM_DAYS
                                                  DB2 ALIAS: MEDPAR_SEMIPRVT_RO
                                                  STANDARD ALIAS: MEDPAR_SEMIPRVT_ROOM_DAY_CNT

                                                  DERIVATION:
                                                  THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                  UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTE
                                                  CODES 010X, 012X, 013X, 016X - 019X FROM ALL CLAIM
                                                  RECORDS INCLUDED IN THE STAY.

                                                  EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:
                                                    FIELD IS DERIVED FROM REVENUE CENTER CODES
                                                    IN THE 9019-9032 SERIES.

                                                  SOURCE:
                                                  NCH

 57. MEDPAR WARD DAY COUNT        PACK    2   183  184  THE COUNT OF THE NUMBER OF WARD DAYS USED BY THE
                                                  BENEFICIARY FOR THE STAY.

                                                  3 DIGITS SIGNED

                                                  COMMON ALIAS: WARD_DAYS
                                                  DB2 ALIAS: MEDPAR_WARD_DAY_CN
                                                  STANDARD ALIAS: MEDPAR_WARD_DAY_CNT
```

```
                                        DERIVATION:
                                        THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                        UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTE
                                        CODE 015X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                        EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:
                                          FIELD IS DERIVED FROM REVENUE CENTER CODES
                                          IN THE 9000-9018 SERIES.

                                        SOURCE:
                                        NCH

  58. MEDPAR INTENSIVE CARE DAY    PACK     2   185  186  THE COUNT OF THE NUMBER OF INTENSIVE CARE DAYS USED BY
      COUNT                                              THE BENEFICIARY FOR THE STAY.

                                        3 DIGITS SIGNED
1                                 -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                      POSITIONS
              NAME                TYPE  LENGTH BEG  END                    CONTENTS
    ---------------------------- ---- ------ --------- ----------------------------------------------------

                                        COMMON ALIAS: INTENSIVE_CARE_DAYS
                                        DB2 ALIAS: MEDPAR_INTNSV_CARE
                                        STANDARD ALIAS: MEDPAR_INTNSV_CARE_DAY_CNT

                                        DERIVATION:
                                        THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                        UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTE
                                        CODES 020X (ALL 9 SUBCATEGORIES) FROM ALL CLAIMS
                                        INCLUDED IN THE STAY.

                                        SOURCE:
                                        NCH

                                        LIMITATIONS:
                                        THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE
                                        CENTER CODE CATEGORY 0206 DUE TO CODERS MISUNDERSTANDI
                                        THE TERM 'POST ICU' AS INCLUDING ANY DAY AFTER AN ICU
                                        STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE
                                        VERSION OF AN ICU.  'POST' WAS REMOVED FROM THE
                                        REVENUE CENTER CODE 0206 DESCRIPTION, EFFECTIVE
                                        10/1/96 (12/96 MEDPAR UPDATE).  0206 IS NOW DEFINED
```

AS 'INTERMEDIATE ICU'.

59. MEDPAR CORONARY CARE DAY   PACK   2   187 188   THE COUNT OF THE NUMBER OF CORONARY CARE DAYS USED BY
    COUNT   BENEFICIARY FOR THE STAY.

                                                            3 DIGITS SIGNED

                                                            COMMON ALIAS: CORONARY_CARE_DAYS
                                                            DB2 ALIAS: MEDPAR_CRNRY_CARE_
                                                            STANDARD ALIAS: MEDPAR_CRNRY_CARE_DAY_CNT

                                                            DERIVATION:
                                                            THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                            UNIT COUNT ASSOCIATED WITH ACCOMMODATION REVENUE CENTE
                                                            CODE 021X (ALL SIX SUBCATEGORIES) FROM ALL CLAIM
                                                            RECORDS INCLUDED IN THE STAY.

                                                            SOURCE:
                                                            NCH

                                                            LIMITATIONS:
                                                            THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE
                                                            CENTER CODE CATEGORY 0214 DUE TO CODERS MISUNDERSTANDI
                                                            THE TERM 'POST CCU' AS INCLUDING ANY DAY AFTER A CCU
                                                            STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE
                                                            VERSION OF A CCU. 'POST' WAS REMOVED FROM THE
                                                            REVENUE CENTER CODE 0214 DESCRIPTION, EFFECTIVE
                                                            10/1/96 (12/96 MEDPAR UPDATE). 0214 IS NOW DEFINED
                                                            AS 'INTERMEDIATE CCU'.

 ****   MEDPAR ACCOMMODATIONS   GROUP   20   189 208
        CHARGES GROUP

   60. MEDPAR PRIVATE ROOM CHARGE   PACK   4   189 192   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR PRIVA
       AMOUNT   ROOM ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                             POSITIONS
                NAME   TYPE LENGTH BEG   END   CONTENTS
     ----------------------------   ---- ------ --------   ---

                                                            7 DIGITS SIGNED

                                                            COMMON ALIAS: PRIVATE_ROOM_CHARGES

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                                          DB2 ALIAS: MEDPAR_PRVT_ROOM_C
                                          STANDARD ALIAS: MEDPAR_PRVT_ROOM_CHRG_AMT

                                          EDIT-RULES:
                                          $$$$$$$
                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                          DERIVATION:
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                          011X AND 014X FROM ALL CLAIM RECORDS INCLUDED IN THE
                                          STAY.

                                          EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:
                                            FIELD IS DERIVED FROM REVENUE CENTER CODES
                                            IN THE 9033-9044 SERIES.

                                          SOURCE:
                                          NCH
```

61. MEDPAR SEMI_PRIVATE ROOM   PACK   4   193 196   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR SEMI-
    CHARGE AMOUNT   PRIVATE ROOM ACCOMMODATIONS RELATED TO A BENEFICIARY'S
                                                         STAY.

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                                          7 DIGITS SIGNED

                                          COMMON ALIAS: SEMI_PRIVATE_ROOM_CHARGES
                                          DB2 ALIAS: MEDPAR_SEMIPRVT_RO
                                          STANDARD ALIAS: MEDPAR_SEMIPRVT_ROOM_CHRG_AMT

                                          EDIT-RULES:
                                          $$$$$$$
                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                          DERIVATION:
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                          010X, 012X, 013X, AND 016X - 019X FROM ALL CLAIM RECOF
                                          INCLUDED IN THE STAY.

                                          EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:
                                            FIELD IS DERIVED FROM REVENUE CENTER CODES
                                            IN THE 9019-9032 SERIES.
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                                              SOURCE:
                                              NCH

   62. MEDPAR WARD CHARGE AMOUNT    PACK     4   197  200   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR WARD
                                                            ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.

                                                            7 DIGITS SIGNED

1                                         -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                             POSITIONS
              NAME                   TYPE  LENGTH BEG  END                       CONTENTS
    ----------------------------     ----  ------ ---------   -------------------------------------------------------
                                                            COMMON ALIAS: WARD_CHARGES
                                                            DB2 ALIAS: MEDPAR_WARD_CHRG_A
                                                            STANDARD ALIAS: MEDPAR_WARD_CHRG_AMT

                                                            EDIT-RULES:
                                                            $$$$$$$
                                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                            DERIVATION:
                                                            THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                            TOTAL CHARGE AMOUNT AMOUNT ASSOCIATED WITH REVENUE CEN
                                                            CODE 015X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                                            EXCEPTION FOR SNF RUGS DEMO EFF 3/96 SNF UPDATE:
                                                              FIELD IS DERIVED FROM REVENUE CENTER CODES
                                                              IN THE 9000-9018 SERIES.

                                                            SOURCE:
                                                            NCH

   63. MEDPAR INTENSIVE CARE        PACK     4   201  204   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
       CHARGE AMOUNT                                        INTENSIVE CARE  ACCOMMODATIONS RELATED TO A BENEFICIAF
                                                            STAY.

                                                            7 DIGITS SIGNED

                                                            COMMON ALIAS: INTENSIVE_CARE_CHARGES
                                                            DB2 ALIAS: MEDPAR_INTNSV_CARE
                                                            STANDARD ALIAS: MEDPAR_INTNSV_CARE_CHRG_AMT

                                                            EDIT-RULES:
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```
                                                  $$$$$$$
                                                  ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES


                                                  DERIVATION:
                                                  THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                  TOTAL CHARGE AMOUNT ASSOCIATED WITH ACCOMMODATION REVE
                                                  CENTER CODE 020X FROM ALL CLAIM RECORDS INCLUDED IN TH
                                                  STAY.


                                                  SOURCE:
                                                  NCH

  64. MEDPAR CORONARY CARE CHARGE  PACK      4   205  208  THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR CORON
      AMOUNT                                               CARE ACCOMMODATIONS RELATED TO A BENEFICIARY'S STAY.

                                                  7 DIGITS SIGNED

                                                  COMMON ALIAS: CORONARY_CARE_CHARGES
                                                  DB2 ALIAS: MEDPAR_CRNRY_CARE_
                                                  STANDARD ALIAS: MEDPAR_CRNRY_CARE_CHRG_AMT

                                                  EDIT-RULES:
                                                  $$$$$$$
                                                  ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

1                                    -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                                  POSITIONS
                NAME                    TYPE  LENGTH BEG  END                     CONTENTS
      ----------------------------    ----  ------ ---------   ------------------------------------------------
                                                  DERIVATION:
                                                  THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                  TOTAL CHARGE AMOUNT ASSOCIATED WITH ACCOMMODATION REVE
                                                  CENTER CODE 021X FROM ALL CLAIM RECORDS INCLUDED IN TH
                                                  STAY.


                                                  SOURCE:
                                                  NCH

 ****   MEDPAR SERVICE CHARGES       GROUP   100   209  308
        GROUP


  65. MEDPAR OTHER SERVICE CHARGE    PACK      4   209  212  THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR OTHER
      AMOUNT                                               SERVICES (REVENUE CENTERS THAT DO NOT FIT INTO OTHER
```

CATEGORIES) RELATED TO A BENEFICIARY'S STAY.

7 DIGITS SIGNED

COMMON ALIAS: OTHER_CHARGES
DB2 ALIAS: MEDPAR_OTHR_SRVC_C
STANDARD ALIAS: MEDPAR_OTHR_SRVC_CHRG_AMT

EDIT-RULES:
$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
TOTAL CHARGE AMOUNT ASSOCIATED WITH THE 'OTHER' REVENU
CENTER CODES FROM ALL CLAIM RECORDS INCLUDED IN THE ST
THE 'OTHER' CODES INCLUDE 0002-0099, 022X, 023X, 024X,
052X, 053X, 055X - 060X, 064X - 070X, 076X - 078X, 090
095X, AND 099X. (SOME OF THESE CODES ARE NOT YET
ASSIGNED.)

SOURCE:
NCH

66. MEDPAR PHARMACY CHARGE   PACK   4   213 216   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
    AMOUNT   PHARMACEUTICAL COSTS RELATED TO THE BENEFICIARY'S STAY

7 DIGITS SIGNED

COMMON ALIAS: PHARMACY_CHARGES
DB2 ALIAS: MEDPAR_PHRMCY_CHRG
STANDARD ALIAS: MEDPAR_PHRMCY_CHRG_AMT

EDIT-RULES:
$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COL
025X, 026X, AND 063X FROM ALL CLAIMS RECORDS INCLUDED
THE STAY.

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                     POSITIONS
          NAME               TYPE  LENGTH BEG  END                          CONTENTS
---------------------------  ----  ------ ---------  ----------------------------------------------------
                                                     SOURCE:
                                                     NCH

 67.  MEDPAR MEDICAL/SURGICAL     PACK    4   217  220   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
      SUPPLY CHARGE AMOUNT                             MEDICAL/SURGICAL SUPPLIES RELATED TO THE BENEFICIARY'S
                                                     STAY.

                                                     7 DIGITS SIGNED

                                                     COMMON ALIAS: MEDICAL_SUPPLY_CHARGES
                                                     DB2 ALIAS: MEDPAR_MDCL_SUPLY_
                                                     STANDARD ALIAS: MEDPAR_MDCL_SUPLY_CHRG_AMT

                                                     EDIT-RULES:
                                                     $$$$$$$
                                                     ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                     DERIVATION:
                                                     THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                     TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                                     027X AND 062X FROM ALL CLAIM RECORDS INCLUDED IN THE
                                                     STAY.

                                                     SOURCE:
                                                     NCH

 68.  MEDPAR DME CHARGE AMOUNT    PACK    4   221  224   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR DME
                                                     (PURCHASE OF NEW DME AND RENTALS) RELATED TO THE
                                                     BENEFICIARY'S STAY.

                                                     7 DIGITS SIGNED

                                                     COMMON ALIAS: DME_CHARGES
                                                     DB2 ALIAS: MEDPAR_DME_CHRG_AM
                                                     STANDARD ALIAS: MEDPAR_DME_CHRG_AMT

                                                     EDIT-RULES:
                                                     $$$$$$$
                                                     ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES
```

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                                          DERIVATION:
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                          0290, 0291, 0292, AND 0294 - 0299 FROM ALL CLAIM RECOR
                                          INCLUDED IN THE STAY.

                                          SOURCE:
                                          NCH

  69. MEDPAR USED DME CHARGE      PACK    4  225  228  THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR USED
      AMOUNT                                          (PURCHASE OF USED DME) RELATED TO THE BENEFICIARY'S ST

                                          7 DIGITS SIGNED

                                          COMMON ALIAS: USED_DME_CHARGES
                                          DB2 ALIAS: MEDPAR_USED_DME_CH
1                               -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                                 POSITIONS
          NAME                 TYPE  LENGTH BEG  END                       CONTENTS
  --------------------------- ---- ------ --------- ----------------------------------------------------
                                          STANDARD ALIAS: MEDPAR_USED_DME_CHRG_AMT

                                          EDIT-RULES:
                                          $$$$$$$
                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                          DERIVATION:
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                          0293 FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                          SOURCE:
                                          NCH

  70. MEDPAR PHYSICAL THERAPY   PACK    4  229  232  THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR PHYSI
      CHARGE AMOUNT                                  THERAPY SERVICES PROVIDED DURING THE BENEFICIARY'S STA

                                          7 DIGITS SIGNED

                                          COMMON ALIAS: PHYSICAL_THERAPY_CHARGES
                                          DB2 ALIAS: MEDPAR_PHYS_THRPY_
                                          STANDARD ALIAS: MEDPAR_PHYS_THRPY_CHRG_AMT
```

```
                                          EDIT-RULES:
                                          $$$$$$$
                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                          DERIVATION:
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                          042X FROM ALL CLAIMS RECORDS INCLUDED IN THE STAY.

                                          SOURCE:
                                          NCH

  71. MEDPAR OCCUPATIONAL THERAPY  PACK    4  233  236   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
      CHARGE AMOUNT                                      OCCUPATIONAL THERAPY SERVICES PROVIDED DURING THE
                                                         BENEFICIARY'S STAY.

                                          7 DIGITS SIGNED

                                          COMMON ALIAS: OCCUPATIONAL_THERAPY_CHARGES
                                          DB2 ALIAS: MEDPAR_OCPTNL_THRP
                                          STANDARD ALIAS: MEDPAR_OCPTNL_THRPY_CHRG_AMT

                                          EDIT-RULES:
                                          $$$$$$$
                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                          DERIVATION:
                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                          043X FROM ALL CLAIMS RECORDS INCLUDED IN THE STAY.

                                          SOURCE:
                                          NCH
1                              -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                         POSITIONS
          NAME                   TYPE  LENGTH BEG  END                        CONTENTS
  ---------------------------- ---- ------ --------- ------------------------------------------------------

  72. MEDPAR SPEECH PATHOLOGY      PACK    4  237  240   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR SPEEC
      CHARGE AMOUNT                                      PATHOLOGY SERVICES (SPEECH, LANGUAGE, AUDIOLOGY)
                                                         PROVIDED DURING THE BENEFICIARY'S STAY.

                                          7 DIGITS SIGNED
```

COMMON ALIAS: SPEECH_PATHOLOGY_CHARGES
DB2 ALIAS: MEDPAR_SPCH_PTHLGY
STANDARD ALIAS: MEDPAR_SPCH_PTHLGY_CHRG_AMT

EDIT-RULES:
$$$$$$$
ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

DERIVATION:
THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
044X AND 047X FROM ALL CLAIM RECORDS INCLUDED IN THE
STAY.

SOURCE:
NCH

73. MEDPAR INHALATION THERAPY   PACK   4   241 244   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
    CHARGE AMOUNT   INHALATION THERAPY SERVICES (RESPIRATORY AND PULMONARY
                                                         FUNCTION) PROVIDED DURING THE BENEFICIARY'S STAY.

                                                         7 DIGITS SIGNED

                                                         COMMON ALIAS: INHALATION_THERAPY_CHARGES
                                                         DB2 ALIAS: MEDPAR_INHLTN_THRP
                                                         STANDARD ALIAS: MEDPAR_INHLTN_THRPY_CHRG_AMT

                                                         EDIT-RULES:
                                                         $$$$$$$
                                                         ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                         DERIVATION:
                                                         THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                         TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                                         041X AND 046X FROM ALL CLAIM RECORDS INCLUDED IN THE
                                                         STAY.

                                                         SOURCE:
                                                         NCH

74. MEDPAR BLOOD CHARGE AMOUNT   PACK   4   245 248   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR BLOOI
                                                         PROVIDED DURING THE BENEFICIARY'S STAY.

                                            7 DIGITS SIGNED

                                            COMMON ALIAS: BLOOD_CHARGES
                                            DB2 ALIAS: MEDPAR_BLOOD_CHRG_
                                            STANDARD ALIAS: MEDPAR_BLOOD_CHRG_AMT

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                             POSITIONS
                NAME   TYPE LENGTH BEG END   CONTENTS
    ---------------------------- ---- ------ --------- ---
                                            EDIT-RULES:
                                            $$$$$$$
                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                            DERIVATION:
                                            THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                            TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                            038X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                            SOURCE:
                                            NCH

    75. MEDPAR BLOOD ADMINISTRATION PACK   4   249 252   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR BLOOI
        CHARGE AMOUNT   STORAGE AND PROCESSING RELATED TO THE BENEFICIARY'S S1

                                            7 DIGITS SIGNED

                                            COMMON ALIAS: BLOOD_ADMINISTRATION_CHARGES
                                            DB2 ALIAS: MEDPAR_BLOOD_ADMIN
                                            STANDARD ALIAS: MEDPAR_BLOOD_ADMIN_CHRG_AMT

                                            EDIT-RULES:
                                            $$$$$$$
                                            ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                            DERIVATION:
                                            THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                            TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                            039X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                            SOURCE:
                                            NCH

76. MEDPAR OPERATING ROOM   PACK   4   253 256   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR THE
    CHARGE AMOUNT   OPERATING ROOM, RECOVERY ROOM, AND LABOR ROOM DELIVERY
                                                          USED BY THE BENEFICIARY DURING THE STAY.

                                                          7 DIGITS SIGNED

                                                          COMMON ALIAS: OPERATING_ROOM_CHARGES
                                                          DB2 ALIAS: MEDPAR_OPRTG_ROOM_
                                                          STANDARD ALIAS: MEDPAR_OPRTG_ROOM_CHRG_AMT

                                                          EDIT-RULES:
                                                          $$$$$$$
                                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                          DERIVATION:
                                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                                          036X, 071X, AND 072X FROM ALL CLAIM RECORDS INCLUDED I
                                                          THE STAY.

                                                          SOURCE:
                                                          NCH

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                                  POSITIONS
          NAME   TYPE LENGTH BEG   END   CONTENTS
    -------------------------------- ---- ------- --------- ---
 77. MEDPAR LITHOTRIPSY CHARGE   PACK   4   257 260   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
     AMOUNT   LITHOTRIPSY SERVICES PROVIDED DURING THE BENEFICIARY'S
                                                          STAY.

                                                          7 DIGITS SIGNED

                                                          COMMON ALIAS: LITHOTRIPSY_CHARGES
                                                          DB2 ALIAS: MEDPAR_LTHTRPSY_CH
                                                          STANDARD ALIAS: MEDPAR_LTHRPSY_CHRG_AMT

                                                          EDIT-RULES:
                                                          $$$$$$$
                                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                          DERIVATION:
                                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT

```
                                        TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                        079X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                        SOURCE:
                                        NCH

78. MEDPAR CARDIOLOGY CHARGE   PACK    4   261  264  THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
    AMOUNT                                  CARDIOLOGY SERVICES AND ELECTROCARDIOGRAM(S) PROVIDED
                                        DURING THE BENEFICIARY'S STAY.

                                        7 DIGITS SIGNED

                                        COMMON ALIAS: CARDIOLOGY_CHARGES
                                        DB2 ALIAS: MEDPAR_CRDLGY_CHRG
                                        STANDARD ALIAS: MEDPAR_CRDLGY_CHRG_AMT

                                        EDIT-RULES:
                                        $$$$$$$
                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                        DERIVATION:
                                        THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                        TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                        048X AND 073X FROM ALL CLAIM RECORDS INCLUDED IN THE
                                        STAY.

                                        SOURCE:
                                        NCH

79. MEDPAR ANESTHESIA CHARGE   PACK    4   265  268  THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
    AMOUNT                                  ANESTHESIA SERVICES PROVIDED DURING THE BENEFICIARY'S
                                        STAY.

                                        7 DIGITS SIGNED

                                        COMMON ALIAS: ANESTHESIA_CHARGES
                                        DB2 ALIAS: MEDPAR_ANSTHSA_CHR
                                        STANDARD ALIAS: MEDPAR_ANSTHSA_CHRG_AMT

                                        EDIT-RULES:
1                        -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                    POSITIONS
            NAME                TYPE  LENGTH BEG  END                         CONTENTS
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                                                             $$$$$$$
                                                             ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                             DERIVATION:
                                                             THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                             TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                                             037X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                                             SOURCE:
                                                             NCH

  80. MEDPAR LABORATORY CHARGE      PACK    4    269   272   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
      AMOUNT                                                 LABORATORY COSTS RELATED TO THE BENEFICIARY'S STAY.

                                                             7 DIGITS SIGNED

                                                             COMMON ALIAS: LABORATORY_CHARGES
                                                             DB2 ALIAS: MEDPAR_LAB_CHRG_AM
                                                             STANDARD ALIAS: MEDPAR_LAB_CHRG_AMT

                                                             EDIT-RULES:
                                                             $$$$$$$
                                                             ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                             DERIVATION:
                                                             THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                             TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                                             030X, 031X, 074X, AND 075X FROM ALL CLAIM RECORDS
                                                             INCLUDED IN THE STAY.

                                                             SOURCE:
                                                             NCH

  81. MEDPAR RADIOLOGY CHARGE       PACK    4    273   276   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
      AMOUNT                                                 RADIOLOGY COSTS (INCLUDING ONCOLOGY, EXCLUDING
                                                             MRI) RELATED TO A BENEFICIARY'S STAY.

                                                             7 DIGITS SIGNED

                                                             COMMON ALIAS: RADIOLOGY_CHARGES
                                                             DB2 ALIAS: MEDPAR_RDLGY_CHRG_
                                                             STANDARD ALIAS: MEDPAR_RDLGY_CHRG_AMT
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                                                  EDIT-RULES:
                                                  $$$$$$$
                                                  ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                  DERIVATION:
                                                  THIS FIELD IS DERIVED BY ACCUMULATING REVENUE CENTER
                                                  TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                                  028X, 032X, 033X, 034X, 035X, AND 040X FROM ALL CLAIM
                                                  RECORDS INCLUDED IN THE STAY.

                                                  SOURCE:
                                                  NCH
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1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                          POSITIONS
           NAME                  TYPE  LENGTH BEG   END                         CONTENTS
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 82. MEDPAR MRI CHARGE AMOUNT    PACK      4   277   280   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR MRI
                                                           SERVICES PROVIDED DURING THE BENEFICIARY'S STAY.

                                                           7 DIGITS SIGNED

                                                           COMMON ALIAS: MRI_CHARGES
                                                           DB2 ALIAS: MEDPAR_MRI_CHRG_AM
                                                           STANDARD ALIAS: MEDPAR_MRI_CHRG_AMT

                                                           EDIT-RULES:
                                                           $$$$$$$
                                                           ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                           DERIVATION:
                                                           THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                           TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER 061
                                                           FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                                           SOURCE:
                                                           NCH

 83. MEDPAR OUTPATIENT SERVICE   PACK      4   281   284   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
     CHARGE AMOUNT                                         OUTPATIENT SERVICES PROVIDED DURING THE BENEFICIARY'S
                                                           STAY.

                                                           7 DIGITS SIGNED
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                                        COMMON ALIAS: OP_SERVICES_CHARGES
                                        DB2 ALIAS: MEDPAR_OP_SRVC_CHR
                                        STANDARD ALIAS: MEDPAR_OP_SRVC_CHRG_AMT

                                        EDIT-RULES:
                                        $$$$$$$
                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                        DERIVATION:
                                        THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                        TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                        049X AND 050X FROM ALL CLAIM RECORDS INCLUDED IN THE
                                        STAY.

                                        SOURCE:
                                        NCH

  84. MEDPAR EMERGENCY ROOM       PACK    4   285  288   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
      CHARGE AMOUNT                                       EMERGENCY ROOM SERVICES PROVIDED DURING THE BENEFICIAF
                                                          STAY.

                                        7 DIGITS SIGNED

                                        COMMON ALIAS: EMERGENCY_ROOM_CHARGES
                                        DB2 ALIAS: MEDPAR_ER_CHRG_AMT
                                        STANDARD ALIAS: MEDPAR_ER_CHRG_AMT

                                        EDIT-RULES:
                                        $$$$$$$
1                             -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                      POSITIONS
         NAME                    TYPE  LENGTH BEG  END                          CONTENTS
  ----------------------------- ---- ------ ---------  -------------------------------------------------------
                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                        DERIVATION:
                                        THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                        TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                        045X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                        SOURCE:
                                        NCH
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85. MEDPAR AMBULANCE CHARGE      PACK    4   289  292   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
    AMOUNT                                              AMBULANCE SERVICES RELATED TO A BENEFICIARY'S STAY.

                                                        7 DIGITS SIGNED

                                                        COMMON ALIAS: AMBULANCE_CHARGES
                                                        DB2 ALIAS: MEDPAR_AMBLNC_CHRG
                                                        STANDARD ALIAS: MEDPAR_AMBLNC_CHRG_AMT

                                                        EDIT-RULES:
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                        TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                                        054X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                                        SOURCE:
                                                        NCH

86. MEDPAR PROFESSIONAL FEES     PACK    4   293  296   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR
    CHARGE AMOUNT                                       PROFESSIONAL FEES RELATED TO A BENEFICIARY'S STAY.

                                                        7 DIGITS SIGNED

                                                        COMMON ALIAS: PROFESSIONAL_FEES
                                                        DB2 ALIAS: MEDPAR_PROFNL_FEES
                                                        STANDARD ALIAS: MEDPAR_PROFNL_FEES_CHRG_AMT

                                                        EDIT-RULES:
                                                        $$$$$$$
                                                        ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                        TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COI
                                                        096X, 097X, AND 098X FROM ALL CLAIMS RECORDS INCLUDED
                                                        THE STAY.

                                                        SOURCE:
                                                        NCH
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   87. MEDPAR ORGAN ACQUISITION      PACK     4   297  300   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR ORGAN
       CHARGE AMOUNT                                          ACQUISITION OR OTHER DONOR BANK SERVICES RELATED TO A
                                                              BENEFICIARY'S STAY.
1                                           -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                                POSITIONS
                     NAME                 TYPE  LENGTH BEG  END                            CONTENTS
       --------------------------------   ----  ------ ---------   -------------------------------------------------

                                                              7 DIGITS SIGNED

                                                              COMMON ALIAS: ORGAN_ACQUISITION_CHARGES
                                                              DB2 ALIAS: MEDPAR_ORGN_ACQSTN
                                                              STANDARD ALIAS: MEDPAR_ORGN_ACQSTN_CHRG_AMT

                                                              EDIT-RULES:
                                                              $$$$$$$
                                                              ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                              DERIVATION:
                                                              THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
                                                              TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COD
                                                              081X AND 089X FROM ALL CLAIM RECORDS INCLUDED IN THE
                                                              STAY.

                                                              SOURCE:
                                                              NCH

   88. MEDPAR ESRD REVENUE SETTING    PACK     4   301  304   THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR ESRD
       CHARGE AMOUNT                                          SERVICES (OTHER THAN ORGAN ACQUISITION AND OTHER DONOR
                                                              BANK) RELATED TO A BENEFICIARY'S STAY.

                                                              7 DIGITS SIGNED

                                                              COMMON ALIAS: ESRD_REVENUE_SETTING_CHARGES
                                                              DB2 ALIAS: MEDPAR_ESRD_REV_SE
                                                              STANDARD ALIAS: MEDPAR_ESRD_REV_SETG_CHRG_AMT

                                                              EDIT-RULES:
                                                              $$$$$$$
                                                              ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                              DERIVATION:
                                                              THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CENT
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                                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COL
                                                          080X, 082X - 088X FROM ALL CLAIM RECORDS INCLUDED IN 1
                                                          STAY.

                                                          SOURCE:
                                                          NCH

 89. MEDPAR CLINIC VISIT CHARGE     PACK      4   305 308  THE CHARGE AMOUNT (ROUNDED TO WHOLE DOLLARS) FOR CLINI
     AMOUNT                                                VISITS (E.G., VISITS TO CHRONIC PAIN OR DENTAL CENTERS
                                                          TO CLINICS PROVIDING PSYCHIATRIC, OB-GYN, PEDIATRIC
                                                          SERVICES) RELATED TO THE BENEFICIARY'S STAY.

                                                          7 DIGITS SIGNED

                                                          COMMON ALIAS: CLINIC_VISIT_CHARGES
                                                          DB2 ALIAS: MEDPAR_CLNC_VISIT_
                                                          STANDARD ALIAS: MEDPAR_CLNC_VISIT_CHRG_AMT

                                                          EDIT-RULES:
                                                          $$$$$$$
1                                          -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                      POSITIONS
             NAME                 TYPE LENGTH BEG  END                         CONTENTS
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                                                          ROUNDED; ON-SIZE (OVERFLOW) SITUATION = ALL NINES

                                                          DERIVATION:
                                                          THIS FIELD IS DERIVED BY ACCUMULATING THE REVENUE CEN1
                                                          TOTAL CHARGE AMOUNT ASSOCIATED WITH REVENUE CENTER COL
                                                          051X FROM ALL CLAIM RECORDS INCLUDED IN THE STAY.

                                                          SOURCE:
                                                          NCH

 ****  MEDPAR                       GROUP    23   309 331
       ACCOMMODATIONS/SERVICES
       INDICATOR GROUP

 90. MEDPAR INTENSIVE CARE UNIT     CHAR      1   309 309  THE CODE INDICATING THAT THE BENEFICIARY HAS SPENT TIM
     (ICU) INDICATOR CODE                                 UNDER INTENSIVE CARE DURING THE STAY.  IT ALSO SPECIFI
                                                          THE TYPE OF ICU.

                                                          COMMON ALIAS: INTENSIVE_CARE_INDICATOR
```

                                        DB2 ALIAS: MEDPAR_ICU_IND_CD
                                        STANDARD ALIAS: MEDPAR_ICU_IND_CD

                                        DERIVATION:
                                        THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF
                                        REVENUE CENTER CODES (LISTED BELOW) ON ANY OF THE CLAI
                                        RECORDS INCLUDED IN THE STAY. IF MORE THAN ONE OF THE
                                        REVENUE CENTER CODES LISTED BELOW ARE INCLUDED ON THES
                                        CLAIMS, THE CODE WITH THE HIGHEST REVENUE CENTER TOTAL
                                        CHARGE AMOUNT IS USED.

                                        CODES:
                                        0 = GENERAL (REVENUE CENTER 0200)
                                        1 = SURGICAL (REVENUE CENTER 0201)
                                        2 = MEDICAL (REVENUE CENTER 0202)
                                        3 = PEDIATRIC (REVENUE CENTER 0203)
                                        4 = PSYCHIATRIC (REVENUE CENTER 0204)
                                        6 = INTERMEDIATE ICU (REVENUE CENTER 0206)
                                            PRIOR TO 12/96 UPDATE WAS 'POST ICU'
                                        7 = BURN CARE (REVENUE CENTER 0207)
                                        8 = TRAUMA (REVENUE CENTER 0208)
                                        9 = OTHER INTENSIVE CARE (REVENUE CODE 0209)
                                        BLANK = NO INTENSIVE CARE INDICATION

                                        SOURCE:
                                        NCH

                                        LIMITATIONS:
                                        THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE
                                        CENTER CODE CATEGORY 0206 DUE TO CODERS MISUNDERSTANDI
                                        THE TERM 'POST ICU' AS INCLUDING ANY DAY AFTER AN ICU
                                        STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE
                                        VERSION OF AN ICU. 'POST' WAS REMOVED FROM THE
                                        REVENUE CENTER CODE 0206 DESCRIPTION, EFFECTIVE
                                        10/1/96 (12/96 MEDPAR UPDATE). 0206 IS NOW DEFINED
                                        AS 'INTERMEDIATE ICU'.

   91. MEDPAR CORONARY CARE   CHAR   1   310 310   THE CODE INDICATING THAT THE BENEFICIARY HAS SPENT TIM
       INDICATOR CODE   UNDER CORONARY CARE DURING THE STAY. IT ALSO SPECIFIE
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                          POSITIONS
                NAME   TYPE   LENGTH BEG   END   CONTENTS
       ----------------------------- ----   ------ ---------   --

THE TYPE OF CORONARY CARE UNIT.

COMMON ALIAS: CORONARY_CARE_INDICATOR
DB2 ALIAS: MEDPAR_CRNRY_CARE_
STANDARD ALIAS: MEDPAR_CRNRY_CARE_IND_CD

DERIVATION:
THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF
CORONARY CARE REVENUE CENTER CODES (LISTED BELOW) ON A
OF THE CLAIM RECORDS INCLUDED IN THE STAY. IF MORE TH
ONE OF THE REVENUE CENTER CODES LISTED BELOW ARE INCLU
ON THESE CLAIMS, THE CODE WITH THE HIGHEST REVENUE CEN
TOTAL CHARGE AMOUNT IS USED.

CODES:
BLANK = NO CORONARY CARE INDICATION
0 = GENERAL (REVENUE CODE 0210)
1 = MYOCARDIAL (REVENUE CODE 0211)
2 = PULMONARY CARE (REVENUE CODE 0212)
3 = HEART TRANSPLANT (REVENUE CODE 0213)
4 = INTERMEDIATE CCU (REVENUE CODE 0214)
    PRIOR TO 12/96 UPDATE WAS 'POST CCU'
9 = OTHER CORONARY CARE (REVENUE CODE 0219)

SOURCE:
NCH

LIMITATIONS:
THERE IS APPROXIMATELY A 20% ERROR RATE IN THE REVENUE
CENTER CODE CATEGORY 0214 DUE TO CODERS MISUNDERSTANDI
THE TERM 'POST CCU' AS INCLUDING ANY DAY AFTER A CCU
STAY RATHER THAN JUST DAYS IN A STEP-DOWN/LOWER CASE
VERSION OF A CCU. 'POST' WAS REMOVED FROM THE
REVENUE CENTER CODE 0214 DESCRIPTION, EFFECTIVE
10/1/96 (12/96 MEDPAR UPDATE). 0214 IS NOW DEFINED
AS 'INTERMEDIATE CCU'.

92. MEDPAR PHARMACY INDICATOR   NUM   1   311 311   THE CODE INDICATING WHETHER OR NOT THE BENEFICIARY
    CODE   RECEIVED DRUGS DURING THE STAY. IT ALSO SPECIFIES THE
                                                      TYPE OF DRUGS.

                                                      1 DIGIT UNSIGNED

                                                      COMMON ALIAS: PHARMACY_INDICATOR

```
                                             DB2 ALIAS: MEDPAR_PHRMCY_IND_
                                             STANDARD ALIAS: MEDPAR_PHRMCY_IND_CD

                                             DERIVATION:
                                             THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF
                                             DRUG-SPECIFIC REVENUE CENTER CODES (LISTED BELOW) ON A
                                             OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                             CODES:
                                             0 = NO DRUGS (REVENUE CODE OTHER THAN THOSE LISTED BEI
                                             1 = GENERAL DRUGS AND/PR IV THERAPY (REVENUE CODE 025X
                                                 026X)
1                                  -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                POSITIONS
            NAME            TYPE  LENGTH BEG  END                          CONTENTS
  ----------------------------  ----  ------ ---------   -------------------------------------------------------
                                             2 = ERYTHROPOIETIN (EPOETIN:  REVENUE CODE 0630, 0635,
                                                 0637, 0639)
                                             3 = BLOOD CLOTTING DRUGS (REVENUE CODE 0636)
                                             4 = GENERAL DRUGS AND/OR IV THERAPY; AND EPOETIN
                                                 (COMBINATION OF VALUES 1 AND 2)
                                             5 = GENERAL DRUGS AND/OR IV THERAPY; AND BLOOD CLOTTIN
                                                 DRUGS (COMBINATION OF VALUES 1 AND 3)

                                             SOURCE:
                                             NCH

  93. MEDPAR TRANSPLANT INDICATOR NUM    1   312  312  THE CODE INDICATING WHETHER OR NOT THE BENEFICIARY
      CODE                                             RECEIVED A ORGAN TRANSPLANT DURING THE STAY.

                                             1 DIGIT UNSIGNED

                                             COMMON ALIAS: TRANSPLANT_INDICATOR
                                             DB2 ALIAS: MEDPAR_TRNSPLNT_IN
                                             STANDARD ALIAS: MEDPAR_TRNSPLNT_IND_CD

                                             DERIVATION:
                                             THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF
                                             TRANSPLANT REVENUE CENTER CODE (LISTED BELOW) ON ANY C
                                             THE CLAIM RECORDS INCLUDED IN THE STAY.

                                             CODES:
                                             0 = NO ORGAN OR KIDNEY TRANSPLANT
```

                                                    (REVENUE CODE NOT 0362 OR 0367)
                                              2 = ORGAN TRANSPLANT OTHER THAN KIDNEY (REVENUE CODE
                                                    0362)
                                              7 = KIDNEY TRANSPLANT (REVENUE CODE 0367)

                                              SOURCE:
                                              NCH

 ****   MEDPAR RADIOLOGY INDICATORS   GROUP   6   313 318
        GROUP

   94. MEDPAR RADIOLOGY ONCOLOGY   NUM   1   313 313   THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY
       INDICATOR SWITCH   RECEIVED RADIOLOGY ONCOLOGY SERVICES DURING THE STAY.

                                                              1 DIGIT UNSIGNED

                                                              COMMON ALIAS: RADIOLOGY_ONCOLOGY_INDICATOR
                                                              DB2 ALIAS: MEDPAR_RDLGY_ONCLG
                                                              STANDARD ALIAS: MEDPAR_RDLGY_ONCLGY_IND_SW

                                                              DERIVATION:
                                                              THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER C
                                                              028X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                                              CODES:
                                                              0 = NO RADIOLOGY-ONCOLOGY (REVENUE CODE NOT 028X)
                                                              1 = YES RADIOLOGY-ONCOLOGY (REVENUE CODE 028X)

                                                              SOURCE:
                                                              NCH
 1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                        POSITIONS
            NAME   TYPE LENGTH BEG END   CONTENTS
   ---------------------------- ---- ------ ---------   ---

   95. MEDPAR RADIOLOGY DIAGNOSTIC NUM   1   314 314   THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY
       INDICATOR SWITCH   RECEIVED RADIOLOGY DIAGNOSTIC SERVICES DURING THE STAY

                                                         1 DIGIT UNSIGNED

                                                         COMMON ALIAS: RADIOLOGY_DIAGNOSTIC_INDICATOR
                                                         DB2 ALIAS: MEDPAR_RDLGY_DGNST
                                                         STANDARD ALIAS: MEDPAR_RDLGY_DGNSTC_IND_SW

DERIVATION:
THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER C
032X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

CODES:
0 = NO RADIOLOGY-DIAGNOSTIC (REVENUE CODE NOT 032X)
1 = YES RADIOLOGY-DIAGNOSTIC (REVENUE CODE 032X)

SOURCE:
NCH

96. MEDPAR RADIOLOGY   NUM   1   315 315   THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY
    THERAPEUTIC INDICATOR   RECEIVED RADIOLOGY THERAPEUTIC SERVICES DURING THE STA
    SWITCH

                                                        1 DIGIT UNSIGNED

                                                        COMMON ALIAS: RADIOLOGY_THERAPEUTIC_INDICATOR
                                                        DB2 ALIAS: MEDPAR_RDLGY_THRPT
                                                        STANDARD ALIAS: MEDPAR_RDLGY_THRPTC_IND_SW

                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER C
                                                        033X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                                        CODES:
                                                        0 = NO RADIOLOGY-THERAPEUTIC (REVENUE CODE NOT 033X)
                                                        1 = YES RADIOLOGY-THERAPEUTIC (REVENUE CODE 033X)

                                                        SOURCE:
                                                        NCH

97. MEDPAR RADIOLOGY NUCLEAR   NUM   1   316 316   THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY
    MEDICINE INDICATOR SWITCH   RECEIVED RADIOLOGY NUCLEAR MEDICINE SERVICES DURING TH
                                                        STAY.

                                                        1 DIGIT UNSIGNED

                                                        COMMON ALIAS: NUCLEAR_MEDICINE_INDICATOR
                                                        DB2 ALIAS: MEDPAR_RDLGY_NUCLR
                                                        STANDARD ALIAS: MEDPAR_RDLGY_NUCLR_MDCN_IND_SW

                                                        DERIVATION:
                                                        THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER C

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                                                         034X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                                         CODES:
1                                      -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                               POSITIONS
                NAME              TYPE  LENGTH BEG  END                           CONTENTS
     --------------------------- ----  ------ --------- -------------------------------------------------------
                                                         0 = NO  NUCLEAR MEDICINE (REVENUE CODE NOT 034X)
                                                         1 = YES NUCLEAR MEDICINE (REVENUE CODE 034X)

                                                         SOURCE:
                                                         NCH

    98. MEDPAR RADIOLOGY CT SCAN   NUM     1    317  317  THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY
        INDICATOR SWITCH                                 RECEIVED RADIOLOGY COMPUTED TOMOGRAPHIC (CT) SCAN
                                                         SERVICES DURING THE STAY.

                                                         1 DIGIT UNSIGNED

                                                         COMMON ALIAS: RADIOLOGY_CT_SCAN_INDICATOR
                                                         DB2 ALIAS: MEDPAR_RDLGY_CT_SC
                                                         STANDARD ALIAS: MEDPAR_RDLGY_CT_SCAN_IND_SW

                                                         DERIVATION:
                                                         THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER C
                                                         035X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                                         CODES:
                                                         0 = NO  RADIOLOGY CT SCAN (REVENUE CODE NOT 035X)
                                                         1 = YES RADIOLOGY CT SCAN (REVENUE CODE 035X)

                                                         SOURCE:
                                                         NCH

    99. MEDPAR RADIOLOGY OTHER     NUM     1    318  318  THE SWITCH INDICATING WHETHER OR NOT THE BENEFICIARY
        IMAGING INDICATOR SWITCH                         RECEIVED RADIOLOGY OTHER IMAGING SERVICES DURING THE
                                                         STAY.

                                                         1 DIGIT UNSIGNED

                                                         COMMON ALIAS: OTHER_IMAGING_SERVICES
                                                         DB2 ALIAS: MEDPAR_RDLGY_OTHR_
                                                         STANDARD ALIAS: MEDPAR_RDLGY_OTHR_IMGNG_IND_SW
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                                              DERIVATION:
                                              THIS FIELD IS DERIVED BY CHECKING FOR REVENUE CENTER C
                                              040X ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                              CODES:
                                              0 = NO  OTHER IMAGING SERVICES (REVENUE CODE NOT 040X)
                                              1 = YES OTHER IMAGING SERVICES (REVENUE CODE 040X)

                                              SOURCE:
                                              NCH

  100. MEDPAR OUTPATIENT SERVICES   NUM      1   319  319  THE CODE INDICATING WHETHER OR NOT THE BENEFICIARY HAS
       INDICATOR CODE                                      RECEIVED OUTPATIENT SERVICES, AMBULATORY SURGICAL CARE
                                                           OR BOTH.

                                              1 DIGIT UNSIGNED

                                              COMMON ALIAS: OUTPATIENT_SERVICES_INDICATOR
                                              DB2 ALIAS: MEDPAR_OP_SRVC_IND
1                                   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                    POSITIONS
          NAME                TYPE  LENGTH BEG  END                         CONTENTS
----------------------------  ----  ------ ---------  ------------------------------------------------------
                                              STANDARD ALIAS: MEDPAR_OP_SRVC_IND_CD

                                              DERIVATION:
                                              THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF
                                              OUTPATIENT SERVICES REVENUE CENTER CODES LISTED BELOW
                                              ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                              CODES:
                                              0 = NO OUTPATIENT SERVICES/AMBULATORY SURGICAL CARE
                                                  (REVENUE CODE OTHER THAN 049X, 050X)
                                              1 = OUTPATIENT SERVICES (REVENUE CODE 050X)
                                              2 = AMBULATORY SURGICAL CARE (REVENUE CODE 049X)
                                              3 = OUTPATIENT SERVICES AND AMBULATORY SURGICAL CARE
                                                  (REVENUE CODES 049X AND 050X)

                                              SOURCE:
                                              NCH

  101. MEDPAR ORGAN ACQUISITION     CHAR     2   320  321  THE CODE INDICATING THE TYPE OF ORGAN ACQUISITION
```

                INDICATOR CODE   RECEIVED BY THE BENEFICIARY DURING THE STAY.

                                                                       COMMON ALIAS: ORGAN_INDICATOR
                                                                       DB2 ALIAS: MEDPAR_ORGN_ACQSTN
                                                                       STANDARD ALIAS: MEDPAR_ORGN_ACQSTN_IND_CD

                                                                       DERIVATION:
                                                                       THIS FIELD IS DERIVED BY CHECKING FOR THE PRESENCE OF
                                                                       ORGAN ACQUISITION INDICATOR REVENUE CENTER CODES LISTE
                                                                       BELOW ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY

                                                                       CODES:
                                                                       K1 = GENERAL CLASSIFICATION (REVENUE CODE 0810)
                                                                       K2 = LIVING DONOR KIDNEY (REVENUE CODE 0811)
                                                                       K3 = CADAVER DONOR KIDNEY (REVENUE CODE 0812)
                                                                       K4 = UNKNOWN DONOR KIDNEY (REVENUE CODE 0813)
                                                                       K5 = OTHER KIDNEY ACQUISITION (REVENUE CODE 0814)
                                                                       H1 = CADAVER DONOR HEART (REVENUE CODE 0815)
                                                                       H2 = OTHER HEART ACQUISITION (REVENUE CODE 0816)
                                                                       L1 = DONOR LIVER (REVENUE CODE 0817)
                                                                       01 = OTHER ORGAN ACQUISITION (REVENUE CODE 0819)
                                                                       02 = GENERAL ACQUISITION (REVENUE CODE 0890)
                                                                       B1 = BONE DONOR BANK (REVENUE CODE 0891)
                                                                       03 = ORGAN DONOR BANK OTHER THAN KIDNEY (REVENUE CODE
                                                                            0892)
                                                                       S1 = SKIN DONOR BANK (REVENUE CODE 0893)
                                                                       04 = OTHER DONOR BANK (REVENUE CODE 0899)
                                                                       BLANK = NO ORGAN ACQUISITION INDICATION

                                                                       SOURCE:
                                                                       NCH

  102.MEDDPAR ESRD SETTING   CHAR   2   322 331   THE CODE INDICATING THE TYPE OF DIALYSIS RECEIVED BY T
       INDICATOR CODE   BENEFICIARY DURING THE STAY. UP TO 5 2-POSITION CODES
                                                                 MAY BE PRESENT.

                                                                       OCCURS: 5 TIMES
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                            POSITIONS
             NAME   TYPE LENGTH BEG END   CONTENTS
        --------------------------- ---- ------ --------- --

                                                                       COMMON ALIAS: ESRD_SETTING_INDICATOR

DB2 ALIAS: MEDPAR_ESRD_SETG_I
STANDARD ALIAS: MEDPAR_ESRD_SETG_IND_CD

DERIVATION:
THIS FIELD IS DERIVED FROM THE PRESENCE OF THE DIALYSI
REVENUE CENTER CODES LISTED BELOW ON ANY OF THE CLAIM
RECORDS INCLUDED IN THE STAY.

CODES:
00 = IP RENAL DIALYSIS-GENERAL (REVENUE CODE 0800)
01 = IP RENAL DIALYSIS-HEMODIALYSIS (REVENUE CODE 0801
02 = IP RENAL DIALYSIS-PERITONEAL (NON-CAPD: REVENUE
     CODE 0802)
03 = IP RENAL DIALYSIS-CAPD (REVENUE CODE 0803)
04 = IP RENAL DIALYSIS-CCPD (REVENUE CODE 0804)
09 = IP RENAL DIALYSIS-OTHER (REVENUE CODE 0809)
20 = HEMODIALYSIS-OP-GENERAL (REVENUE CODE 0820)
21 = HEMODIALYSIS-OP-HEMODIALYSIS/COMPOSITE (REVENUE (
     0821)
22 = HEMODIALYSIS-OP-HOME SUPPLIES (REVENUE CODE 0822)
23 = HEMODIALYSIS-OP-HOME EQUIPMENT (REVENUE CODE 0823
24 = HEMODIALYSIS-OP-MAINTENANCE/100% (REVENUE CODE 08
25 = HEMODIALYSIS-OP-SUPPORT SERVICES (REVENUE CODE 08
29 = HEMODIALYSIS-OP-OTHER (REVENUE CODE 0829)
30 = PERITONEAL-OP/HOME-GENERAL (REVENUE CODE 0830)
31 = PERITONEAL-OP/HOME-PERITONEAL/COMPOSITE (REVENUE
     CODE 0831)
32 = PERITONEAL-OP/HOME-HOME SUPPLIES (REVENUE CODE 08
33 = PERITONEAL-OP/HOME-HOME EQUIPMENT (REVENUE CODE
     0833)
34 = PERITONEAL-OP/HOME-MAINTENANCE/100% (REVENUE CODE
     0834)
35 = PERITONEAL-OP/HOME-SUPPORT SERVICES (REVENUE CODE
     0835)
39 = PERITONEAL-OP/HOME-OTHER (REVENUE CODE 0839)
40 = CAPD-OP-CAPD/GENERAL (REVENUE CODE 0840)
41 = CAPD-OP-CAPD/COMPOSITE (REVENUE CODE 0841)
42 = CAPD-OP-HOME SUPPLIES (REVENUE CODE 0842)
43 = CAPD-OP-HOME EQUIPMENT (REVENUE CODE 0843)
44 = CAPD-OP-MAINTENANCE/100% (REVENUE CODE 0844)
45 = CAPD-OP-SUPPORT SERVICES (REVENUE CODE 0845)
49 = CAPD-OP-OTHER (REVENUE CODE 0849)
50 = CCPD-OP-CCPD/GENERAL (REVENUE CODE 0850
51 = CCPD-OP-CCPD/COMPOSITE (REVENUE CODE 0851)

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                                        52 = CCPD-OP-HOME SUPPLIES (REVENUE CODE 0852
                                        53 = CCPD-OP-HOME EQUIPMENT (REVENUE CODE 0853)
                                        54 = CCPD-OP-MAINTENANCE/100% (REVENUE CODE 0854)
                                        55 = CCPD-OP-SUPPORT SERVICES (REVENUE CODE 0855)
                                        59 = CCPD-OP-OTHER (REVENUE CODE 0859)
                                        80 = MISCELLANEOUS DIALYSIS-GENERAL (REVENUE CODE 0880
                                        81 = MISCELLANEOUS DIALYSIS-ULTRAFILTRATION (REVENUE C
                                             0881)
                                        89 = MISCELLANEOUS DIALYSIS-OTHER (REVENUE CODE 0889)
                                        BLANK = NO ESRD SETTING INDICATION
1                                           -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                    POSITIONS
            NAME               TYPE  LENGTH BEG  END                       CONTENTS
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                                                    SOURCE:
                                                    NCH


 ****   MEDPAR DIAGNOSIS CODE GROUP  GROUP   62   332  393


  103. MEDPAR DIAGNOSIS CODE COUNT  NUM    2   332  333   THE COUNT OF THE NUMBER OF DIAGNOSIS CODES INCLUDED IN
                                                          THE STAY.

                                                          2 DIGITS UNSIGNED

                                                          COMMON ALIAS: NUMBER_OF_DIAGNOSIS_CODES
                                                          DB2 ALIAS: MEDPAR_DGNS_CD_CNT
                                                          STANDARD ALIAS: MEDPAR_DGNS_CD_CNT

                                                          EDIT-RULES:
                                                          RANGE: 1 THROUGH 10

                                                          DERIVATION:
                                                          THIS FIELD IS DERIVED BY ADDING '1' TO THE COUNT OF TH
                                                          OTHER DIAGNOSIS CODES REPORTED ON THE LAST CLAIM RECOR
                                                          INCLUDED IN THE STAY.  THE '1' REPRESENTS THE PRINCIPA
                                                          DIAGNOSIS CODE, WHICH IS REPORTED SEPARATELY FROM THE
                                                          OTHER DIAGNOSIS.

                                                          SOURCE:
                                                          NCH

  104. MEDPAR DIAGNOSIS CODE          CHAR   6   334  393   THE ICD-9-CM CODE IDENTIFYING THE PRIMARY CONDITION OF
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                                              OTHER COEXISTING CONDITIONS SHOWN IN THE MEDICAL RECOF
                                              AS AFFECTING THE SERVICES PROVIDED DURING THE
                                              BENEFICIARY'S STAY.  THIS ELEMENT IS PART OF THE MEDPA
                                              DIAGNOSIS GROUP WHICH MAY OCCUR UP TO 10 TIMES.

                                              OCCURS: 10 TIMES

                                              COMMON ALIAS: DIAGNOSIS_CODE
                                              DB2 ALIAS: MEDPAR_DGNS_CD
                                              STANDARD ALIAS: MEDPAR_DGNS_CD

                                              EDIT-RULES:
                                              5 POSITION DIAGNOSIS CODE LEFT JUSTIFIED

                                              DERIVATION:
                                              THIS FIELD IS THE ACTUAL PRINCIPAL DIAGNOSIS CODE (1ST
                                              OCCURRENCE) OR ONE OF UP TO 9 OTHER DIAGNOSIS CODES TH
                                              ARE PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE S

                                              SOURCE:
                                              NCH

105.  MEDPAR SURGICAL PROCEDURE   CHAR    1   394  394  THE SWITCH INDICATING WHETHER OR NOT THERE WERE ANY
      INDICATOR SWITCH                                  SURGICAL PROCEDURES PERFORMED DURING THE BENEFICIARY'S
                                                        STAY.

                                              STANDARD ALIAS:  MEDPAR_SRGCL_PRCDR_IND_SW
                                              COMMON ALIAS:  SURGERY_INDICATOR

                                              DERIVATION:
                                              THIS FIELD IS THE ACTUAL PRINCIPAL DIAGNOSIS CODE (1ST
                                              OCCURRENCE) OR ONE OF UP TO 9 OTHER DIAGNOSIS CODES TH
                                              ARE PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE S

                                              CODES:
                                              0 = NO SURGERY INDICATED
                                              1 = YES SURGERY INDICATED

****  MEDPAR SURGICAL PROCEDURE    GROUP   70  395  464
      GROUP

106.  MEDPAR SURGICAL PROCEDURE    NUM     2   395  396  THE COUNT OF THE NUMBER OF SURGICAL PROCEDURE CODES
      CODE COUNT                                         INCLUDED IN THE STAY.
```

                2 DIGITS UNSIGNED

                COMMON ALIAS: NUMBER_OF_SURGICAL_CODES
                DB2 ALIAS: MEDPAR_SRGCL_PRCDR
                STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_CD_CNT

                EDIT-RULES:
                RANGE: 0 THROUGH 6

                DERIVATION:
                THIS FIELD IS DERIVED BY COUNTING THE PROCEDURE CODES
                THAT ARE REPORTED ON THE LAST CLAIM RECORD INCLUDED IN
                THE STAY.

                SOURCE:
                NCH

107. MEDPAR SURGICAL PROCEDURE   NUM   2   397 398   THE COUNT OF THE NUMBER OF DATES ASSOCIATED WITH THE
     PERFORMED DATE COUNT   SURGICAL PROCEDURES INCLUDED IN THE STAY.

                2 DIGITS UNSIGNED

                COMMON ALIAS: NUMBER_OF_SURGICAL_DATES
                DB2 ALIAS: MEDPAR_SRGCL_PRCDR
                STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_DT_CNT

                EDIT-RULES:
                RANGE: 0 THROUGH 6

                DERIVATION:
                THIS FIELD IS DERIVED BY COUNTING THE SURGICAL PROCEDU
                DATES THAT ARE REPORTED ON THE LAST CLAIM RECORD INCLU
                IN THE STAY.

                SOURCE:
                NCH

108. MEDPAR SURGICAL PROCEDURE   CHAR   7   399 440   THE ICD-9-CM CODE IDENTIFYING THE PRINCIPAL OR OTHER
     CODE   SURGICAL PROCEDURE PERFORMED DURING THE BENEFICIARY'S
                             STAY. THIS ELEMENT IS PART OF THE MEDPAR SURGICAL
                             PROCEDURE GROUP. IT MAY OCCUR UP TO 6 TIMES.

                OCCURS: 6 TIMES

COMMON ALIAS: SURGICAL_CODE
DB2 ALIAS: MEDPAR_SRGCL_PRCDR
STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_CD

EDIT-RULES:
4 POSITION SURGICAL PROCEDURE CODE LEFT JUSTIFIED

DERIVATION:
THIS FIELD IS THE ACTUAL PRINCIPAL SURGICAL PROCEDURE
CODE (1ST OCCURRENCE) OR ONE OF UP TO 5 OTHER SURGICAL

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

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                                      POSITIONS
            NAME                TYPE  LENGTH BEG  END                           CONTENTS
   ---------------------------- ----  ------ ---------  -------------------------------------------------------
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                                                        PROCEDURE CODES THAT MAY BE PRESENT ON THE LAST CLAIM
                                                        RECORD INCLUDED IN THE STAY.

                                                        SOURCE:
                                                        NCH

   109. MEDPAR SURGICAL PROCEDURE   PACK   4   441 464 THE DATE ON WHICH THE ICD-9-CM SURGICAL PROCEDURE WAS
        PERFORMED DATE   PERFORMED DURING THE BENEFICIARY'S STAY. THIS ELEMENT
                                                            PART OF THE MEDPAR SURGICAL PROCEDURE GROUP. IT CAN
                                                            OCCUR UP TO 6 TIMES.

                                                            7 DIGITS SIGNED

                                                            OCCURS: 6 TIMES

                                                            COMMON ALIAS: SURGICAL_DATE
                                                            DB2 ALIAS: MEDPAR_SRGCL_PRCDR
                                                            STANDARD ALIAS: MEDPAR_SRGCL_PRCDR_PRFRM_DT

                                                            EDIT-RULES:
                                                            YYYYDDD

                                                            DERIVATION:
                                                            THIS FIELD IS THE ACTUAL DATE ASSOCIATED WITH THE
                                                            PRINCIPAL OR ONE OF UP TO 5 OTHER SURGICAL PROCEDURE
                                                            CODES THAT IS PRESENT ON THE LAST CLAIM RECORD
                                                            INCLUDED IN THE STAY.

                                                            SOURCE:

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                                                          NCH

110. MEDPAR BLOOD PINTS          PACK    2    465  466    THE QUANTITY OF BLOOD (NUMBER OF WHOLE PINTS) FURNISHE
     FURNISHED QUANTITY                                   TO THE BENEFICIARY DURING THE STAY.  NOTE:  THIS INCLU
                                                          BLOOD PINTS REPLACED AS WELL AS NOT REPLACED.

                                                          3 DIGITS SIGNED

                                                          COMMON ALIAS: BLOOD_FURNISHED
                                                          DB2 ALIAS: MEDPAR_BLOOD_PT_FR
                                                          STANDARD ALIAS: MEDPAR_BLOOD_PT_FRNSH_QTY

                                                          DERIVATION:
                                                          THIS FIELD IS DERIVED BY ACCUMULATING THE BLOOD PINTS
                                                          FURNISHED QUANTITY FROM ALL CLAIM RECORDS INCLUDED IN
                                                          THE STAY.

                                                          SOURCE:
                                                          NCH

111. MEDPAR BENEFICIARY          CHAR    2    467  468    THE BIC REPORTED ON THE FIRST CLAIM RECORD INCLUDED IN
     IDENTIFICATION CODE                                  THE STAY, REPRESENTING THE VALUES EXISTING ON THE CWF
                                                          BENEFICIARY MASTER RECORD ON THE DATE THE CWF HOST SIT
                                                          PROCESSED THE CLAIM.

                                                          COMMON ALIAS: ORIGINAL_BIC
                                                          DB2 ALIAS: MEDPAR_BENE_IDENT_
1                              -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                               POSITIONS
          NAME               TYPE  LENGTH BEG  END                         CONTENTS
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                                                          STANDARD ALIAS: MEDPAR_BENE_IDENT_CD

                                                          CODES:
                                                            REFER TO: BENE_IDENT_TB
                                                                      IN THE CODES APPENDIX

                                                          SOURCE:
                                                          NCH

112. MEDPAR DRG CODE             NUM     3    469  471    THE CODE INDICATING THE DRG TO WHICH THE CLAIMS THAT
                                                          COMPRISE THE STAY BELONG FOR PAYMENT PURPOSES.
```

3 DIGITS UNSIGNED

COMMON ALIAS: DRG_CODE
DB2 ALIAS: MEDPAR_DRG_CD
STANDARD ALIAS: MEDPAR_DRG_CD

DERIVATION:
THIS FIELD COMES FROM THE ACTUAL DRG CODE THAT IS PRES
ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.
EXCEPTION: IF THE DRG CODE IS NOT PRESENT
(E.G., CLAIMS FROM MARYLAND AND PPS-EXEMPT HOSPITAL UN
DO NOT HAVE A DRG), A VALID DRG IS OBTAINED USING THE
GROUPER SOFTWARE AND IS MOVED TO THIS FIELD.

SOURCE:
NCH

113. MEDPAR DISCHARGE   NUM   2   472 473   THE CODE PRIMARILY INDICATING THE DESTINATION OF THE
     DESTINATION CODE   BENEFICIARY UPON DISCHARGE FROM A FACILITY; ALSO DENOT
                                                     DEATH OR SNF/STILL PATIENT SITUATIONS.

2 DIGITS UNSIGNED

COMMON ALIAS: DISCHARGE_DESTINATION
DB2 ALIAS: MEDPAR_DSCHRG_DSTN
STANDARD ALIAS: MEDPAR_DSCHRG_DSTNTN_CD
SYSTEM ALIAS: LTCLMST

DERIVATION:
THIS FIELD COMES FROM THE CLAIM STATUS CODE THAT IS
PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.

CODES:
   REFER TO: PTNT_DSCHRG_STUS_TB
             IN THE CODES APPENDIX

SOURCE:
NCH

114. MEDPAR DRG/OUTLIER STAY   NUM   1   474 474   THE CODE IDENTIFYING (1) FOR PPS PROVIDERS IF THE STAY
     CODE   HAS AN UNUSUALLY LONG LENGTH (DAY OUTLIER) OR HIGH COS
                                                     (COST OUTLIER); OR (2) FOR NON-PPS PROVIDERS THE SOURC
                                                     FOR DEVELOPING THE DRG.

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1                               -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                   POSITIONS
         NAME                TYPE  LENGTH BEG  END                        CONTENTS
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                                                       1 DIGIT UNSIGNED

                                                       COMMON ALIAS: OUTLIER_CODE/DRG_SOURCE
                                                       DB2 ALIAS: MEDPAR_DRG_OUTLIER
                                                       STANDARD ALIAS: MEDPAR_DRG_OUTLIER_STAY_CD

                                                       DERIVATION:
                                                       THIS FIELD IS THE ACTUAL DRG OUTLIER STAY CODE THAT IS
                                                       PRESENT ON THE LAST CLAIM RECORD INCLUDED IN THE STAY.
                                                       APPLICABLE TO PPS PROVIDERS:
                                                       0 = NO OUTLIER
                                                       1 = DAY OUTLIER
                                                       2 = COST OUTLIER

                                                       APPLICABLE TO NON-PPS PROVIDERS:
                                                       6 = VALID DRG RECEIVED FROM INTERMEDIARY
                                                       7 = HCFA-DEVELOPED DRG
                                                       8 = HCFA-DEVELOPED DRG USING CLAIM STATUS CODE
                                                       9 = NOT GROUPABLE

                                                       SOURCE:
                                                       NCH

115. MEDPAR BENEFICIARY PRIMARY  CHAR    1    475  475  THE CODE INDICATING THE TYPE OF PAYER WHO HAS PRIMARY
     PAYER CODE                                        RESPONSIBILITY FOR THE PAYMENT OF THE MEDICARE
                                                       BENEFICIARY'S CLAIMS RELATED TO THE STAY.

                                                       NOTE:  THIS FIELD COMES FROM THE PRIMARY PAYER CODE
                                                       THAT IS PRESENT ON THE FIRST CLAIM INCLUDED IN THE STAY

                                                       DB2 ALIAS:  MEDPAR_BENE_PRMRY_
                                                       STANDARD ALIAS: MEDPAR_BENE_PRMRY_PYR_CD

                                                       CODES:
                                                       A = WORKING AGED BENE/SPOUSE WITH EGHP
                                                       B = ESRD BENE IN 18-MONTH COORDINATION PERIOD WITH EGH
                                                       C = CONDITIONAL MEDICARE PAYMENT; FUTURE REIMBURSEMENT
                                                           EXPECTED
                                                       D = AUTO NO-FAULT OR ANY LIABILITY INSURANCE
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                                        E = WORKER'S COMPENSATION
                                        F = PHS OR OTHER FEDERAL AGENCY (OTHER THAN DEPT. OF
                                            VETERANS AFFAIRS)
                                        G = WORKING DISABLED
                                        H = BLACK LUNG
                                        I = DEPT. OF VETERANS AFFAIRS
                                        J = ANY LIABILITY INSURANCE
                                        Z/BLANK = MEDICARE PRIMARY PAYER

                                        SOURCE:
                                        NCH

  116. MEDPAR ESRD CONDITION CODE   NUM    2   476  477  THE CODE INDICATING IF THE BENEFICIARY HAD AN ESRD
                                                         CONDITION REPORTED DURING THE STAY.

                                        2 DIGITS UNSIGNED

                                        DB2 ALIAS: MEDPAR_ESRD_COND_C
                                        STANDARD ALIAS: MEDPAR_ESRD_COND_CD

                                        DERIVATION:
                                        THIS FIELD IS DERIVED BY CHECKING FOR CONDITION CODES
                                        - 76 ON ANY OF THE CLAIM RECORDS INCLUDED IN THE STAY.

                                        CODES:
                                        00 = NO ESRD CONDITION CODES
                                        70 = SELF-ADMINISTERED EPO
                                        71 = FULL CARE IN UNIT
                                        72 = SELF-CARE IN UNIT
                                        73 = SELF-CARE TRAINING
                                        74 = HOME DIALYSIS
                                        75 = HOME DIALYSIS/100% REIMBURSEMENT
                                        76 = BACKUP-IN-FACILITY DIALYSIS

                                        SOURCE:
                                        NCH

  117. MEDPAR SOURCE INPATIENT      CHAR   1   478  478  THE CODE INDICATING THE SOURCE OF THE BENEFICIARY'S
       ADMISSION CODE                                    ADMISSION TO AN INPATIENT FACILITY OR, FOR NEWBORN
                                                         ADMISSION, THE TYPE OF DELIVERY.

                                        COMMON ALIAS: SOURCE_OF_ADMISSION
                                        DB2 ALIAS: MEDPAR_SRC_IP_ADMS
  1                             -- FROM HCFA DATA DICTIONARY -- 02/15/2001
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                                                 POSITIONS
              NAME                 TYPE  LENGTH  BEG  END                          CONTENTS
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                                                            STANDARD ALIAS: MEDPAR_SRC_IP_ADMSN_CD

                                                            DERIVATION:
                                                            THIS FIELD COMES FROM THE SOURCE INPATIENT ADMISSION C
                                                            THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN 1
                                                            STAY.

                                                            CODES:
                                                              REFER TO: CLM_SRC_IP_ADMSN_TB
                                                                         IN THE CODES APPENDIX

                                                            SOURCE:
                                                            NCH

118.  MEDPAR INPATIENT ADMISSION   CHAR     1    479  479  THE CODE INDICATING THE TYPE AND PRIORITY OF THE
      TYPE CODE                                             BENEFICIARY'S ADMISSION TO A FACILITY FOR THE INPATIENT
                                                            HOSPITAL STAY

                                                            NOTE: THIS FIELD COMES FROM THE INPATIENT ADMISSION TYF
                                                            THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED IN TF
                                                            STAY.

                                                            CODES:
                                                              REFER TO:  CLM_IP_ADMSN_TYPE_TB
                                                                         IN THE CODES APPENDIX

119.  MEDPAR FISCAL                CHAR     5    480  484  THE IDENTIFICATION OF THE INTERMEDIARY PROCESSING THE
      INTERMEDIARY/CARRIER                                  BENEFICIARY'S CLAIMS RELATED TO THE STAY.
      IDENTIFICATION NUMBER
                                                            NOTE:  THIS FIELD COMES FROM THE INTERMEDIARY NUMBER
                                                            THAT IS PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN
                                                            THE STAY.

                                                            COMMON ALIAS: INTERMEDIARY_NUMBER
                                                            DB2 ALIAS: MEDPAR_FICARR_IDEN
                                                            STANDARD ALIAS: MEDPAR_FICARR_IDENT_NUM

                                                            SOURCE:
                                                            NCH
```

120. MEDPAR ADMITTING DIAGNOSIS   CHAR   5   485 489   THE ICD-9-CM CODE INDICATING THE BENEFICIARY'S INITIAL
     CODE   DIAGNOSIS AT THE TIME OF ADMISSION.

                                                             NOTE: THIS FIELD COMES FROM THE ADMITTING DIAGNOSIS
                                                             CODE THAT IS PRESENT ON THE LAST CLAIM RECORD INCLUDED
                                                             IN THE STAY.

                                                             COMMON ALIAS: ADMISSION_DIAGNOSIS
                                                             DB2 ALIAS: MEDPAR_ADMTG_DGNS_
                                                             STANDARD ALIAS: MEDPAR_ADMTG_DGNS_CD

                                                             SOURCE:
                                                             NCH

121. FILLER   CHAR   4   490 493

122. MEDPAR ADMISSION DEATH DAY   PACK   3   494 496   THE COUNT OF THE NUMBER OF DAYS FROM THE DATE THE
     COUNT   BENEFICIARY WAS ADMITTED TO A FACILITY TO THE
                                                             BENEFICIARY'S DATE OF DEATH (DOD).

                                                             5 DIGITS SIGNED

                                                             COMMON ALIAS: ADMISSION_TO_DEATH_INTERVAL
                                                             DB2 ALIAS: MEDPAR_ADMSN_DEATH
                                                             STANDARD ALIAS: MEDPAR_ADMSN_DEATH_DAY_CNT

1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                                  POSITIONS
            NAME   TYPE LENGTH BEG   END   CONTENTS
     ---------------------------   ---- ------ --------- ---
                                                             DERIVATION:
                                                             THIS FIELD IS DERIVED BY COUNTING THE NUMBER OF DAYS
                                                             BETWEEN THE MEDPAR ADMISSION DATE (THE ADMISSION DATE
                                                             PRESENT ON THE FIRST CLAIM RECORD INCLUDED IN THE STAY)
                                                             AND MEDPAR BENEFICIARY DEATH DATE (THE DEATH DATE PRES
                                                             ON THE ENROLLMENT DATABASE, WHICH IS ACCESSED PRIOR TO
                                                             CREATION OF THE QUARTERLY MEDPAR FILE).

                                                             SOURCE:
                                                             NCH/EDB

123. FILLER   CHAR   4   497 500

124. MEDPAR INTERNAL USE (BY   NUM   3   501 503   LIMITED AVAILABILITY; FOR INTERNAL USE ONLY.
      IPSB) CODE   WHERE NOT AVAILABLE, THIS FIELD WILL CONTAIN ZEROES.

                                                           3 DIGITS UNSIGNED

                                                           DB2 ALIAS: MEDPAR_INTRNL_USE_

125. MEDPAR INTERNAL USE FILE   NUM   1   504 504   LIMITED AVAILABILITY; FOR INTERNAL USE ONLY TO
      DATE CODE   TO IDENTIFY FISCAL YEAR/CALENDAR YEAR SEGMENTS.
                                                           WHERE NOT AVAILABLE, THIS FIELD WILL CONTAIN
                                                           A ZERO.

                                                           1 DIGIT UNSIGNED

                                                           DB2 ALIAS: MEDPAR_INTRNL_USE_

126. MEDPAR INTERNAL USE SAMPLE   NUM   1   505 505   LIMITED AVAILABILITY; FOR INTERNAL USE ONLY TO
      SIZE CODE   IDENTIFY THE MEDPAR SAMPLE SIZE: 20% (HIC 9TH
                                                           DIGIT = 0, 5); 20% (HIC 9TH DIGIT = 4, 8; 60%
                                                           (REMAINDER). WHERE NOT AVAILABLE, THIS FIELD WILL
                                                           CONTAIN A ZERO.

                                                           1 DIGIT UNSIGNED

                                                           DB2 ALIAS: MEDPAR_INTRNL_USE_

127. MEDPAR WARNING INDICATORS   PACK   9   506 514   THE CODES (COMMONLY CALLED WARNING INDICATORS) SPECIFY
      CODE   DETAILED BILLING INFORMATION OBTAINED FROM THE CLAIMS
                                                           ANALYZED FOR THE STAY PROCESS. THE PURPOSE OF THESE
                                                           CODES IS TO PROVIDE ADDITIONAL INFORMATION FOR THE MEI
                                                           USER; I.E., LET THE USER KNOW WHETHER OR NOT THE STAY
                                                           INCLUDED ADJUSTMENTS, A SINGLE CLAIM OR MULTIPLE CLAIM
                                                           ANY ERROR CONDITIONS, ETC..

                                                           17 DIGITS SIGNED

                                                           COMMON ALIAS: WARNING_INDICATORS
                                                           DB2 ALIAS: MEDPAR_WRNG_IND_CD
                                                           STANDARD ALIAS: MEDPAR_WRNG_IND_CD

                                                           DERIVATION:
                                                           THIS FIELD IS PACKED. EACH OF THE DIGITS IDENTIFY
                                                           A SPECIFIC ITEM OF INTEREST TO USERS OF THE
1   -- FROM HCFA DATA DICTIONARY -- 02/15/2001

```
                               POSITIONS
           NAME              TYPE  LENGTH BEG  END                              CONTENTS
------------------------------ ---- ------ ---------  ----------------------------------------------------
                                                      MEDPAR FILE.  WARNING INDICATORS 1 AND 6, AND THE FIRS
                                                      TWO VALUES OF INDICATOR 8, ARE SET EARLY IN THE PROCES
                                                      WHILE PROCESSING ALL CLAIMS THROUGH THE FINAL ACTION
                                                      ALGORITHM, PRIOR TO THE CREATION OF THE STAY RECORD. T
                                                      OTHER INDICATORS ARE DERIVED FROM THE CLAIMS REMAINING
                                                      AFTER THE FINAL ACTION PROCESSING, WHICH ARE USED TO
                                                      CREATE THE STAY RECORD.

                                                      CODES:

                                                      WARNING INDICATOR 1 ('ADJUSTMENT INDICATOR' DERIVED
                                                      FROM THE PRESENCE OF QUERY CODE VALUES NOTED BELOW
                                                      ON ANY OF THE CLAIM RECORDS INCLUDED IN THE ANALYSIS):
                                                      0 = NO ADJUSTMENT (NO QUERY CODE = 0 OR 5)
                                                      1 = CREDIT ADJUSTMENT (QUERY CODE = 0)
                                                      2 = DEBIT ADJUSTMENT (QUERY CODE = 5)
                                                      3 = CREDIT AND DEBIT ADJUSTMENT (BOTH QUERY CODE = 0
                                                          AND 5)

                                                      WARNING INDICATOR 2 ('ERROR CONDITION' DERIVED FROM
                                                      CHECKING THE EDIT CODE TRAILER ON THE FINAL ACTION
                                                      CLAIMS(S) THAT COMPRISE THE STAY):

                                                      0 = NO ERROR
                                                      1 = ERROR CONDITION

                                                      WARNING INDICATOR 3 ('REIMBURSEMENT/TOTAL CHARGE
                                                      INDICATOR' DERIVED AFTER SUMMING UP FIELDS ON THE
                                                      FINAL ACTION CLAIM(S) THAT COMPRISE THE STAY; CHECKS
                                                      RESULTING MEDICARE PAYMENT AMOUNT (COMMONLY CALLED
                                                      REIMBURSEMENT), TOTAL CHARGE AMOUNT, AS WELL AS
                                                      BENEIFICIARY PRIMARY PAYER AMOUNT AND UTILIZATION DAY
                                                      COUNT):

                                                      0 = MEDICARE PAYMENT AMOUNT AND TOTAL CHARGE AMOUNT >
                                                          ZEROES
                                                      1 = MEDICARE PAYMENT AMOUNT AND TOTAL CHARGE AMOUNT <
                                                          ZEROES
                                                      2 = MEDICARE PAYMENT AMOUNT IS A CREDIT
                                                      3 = TOTAL CHARGE AMOUNT IS A CREDIT
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                                        4 = MEDICARE PAYMENT AMOUNT, TOTAL CHARGE AMOUNT,
                                            BENEFICIARY PRIMARY PAYER CLAIM PAYMENT AMOUNT,
                                            AND UTILIZATION DAY COUNT = ZEROES

                                        WARNING INDICATOR 4 ('UTILIZATION DAY/LOS DAY INDICATC
                                        DERIVED AFTER SUMMING UP FIELDS ON THE FINAL ACTION
                                        CLAIM(S) THAT COMPRISE THE STAY; COMPARES RESULTING
                                        UTILIZATION DAY COUNT AND LENGTH-OF-STAY COUNT):

                                        0 = UTILIZATION DAY COUNT = LOS DAY COUNT
                                        1 = UTILIZATION DAY COUNT < LOS DAY COUNT
                                        2 = UTILIZATION DAY COUNT > LOS DAY COUNT

                                        WARNING INDICATOR 5 ('SINGLE/MULTIPLE CLAIM INDICATOR'
                                        DERIVED WHEN THE STAY RECORD IS CREATED BY CHECKING
                                        THE NUMBER OF FINAL ACTION CLAIMS THAT COMPRISE THE
1                                    -- FROM HCFA DATA DICTIONARY -- 02/15/2001

                                       POSITIONS
          NAME                  TYPE  LENGTH BEG  END                          CONTENTS
----------------------------  ----  ------ --------  ------------------------------------------------
                                                    STAY):

                                        0 = STAY INCLUDES A SINGLE FINAL ACTION CLAIM
                                        1 = STAY INCLUDES MULTIPLE FINAL ACTION CLAIMS
                                        2 = STAY INCLUDES MULTIPLE FINAL ACTION CLAIMS AND
                                            BENEFICIARY IS STILL A PATIENT (APPLICABLE TO
                                            SNF STAYS ONLY)

                                        WARNING INDICATOR 6 ('INTERMEDIARY CANCEL INDICATOR'
                                        DERIVED FROM THE PRESENCE OF THE VALUES NOTED BELOW
                                        FOR INTERMEDIARY CLAIM ACTION CODE AND INTERMEDIARY-
                                        REQUESTED CLAIM CANCEL REASON CODE ON ANY OF THE CLAIN
                                        INCLUDED IN THE ANALYSIS.   IF MULTIPLE CLAIMS CONTAIN
                                        THESE VALUES, LATEST CLAIM IS USED.  IF BOTH SPECIFIEL
                                        ACTION CODE AND CANCEL REASON CODE ARE PRESENT, CANCEL
                                        REASON CODE TAKES PRIORITY.):

                                        0 = NO CANCEL ACTION
                                        1 = CANCEL ACTION BY CREDIT ADJUSTMENT (ACTION CODE =
                                            (2 OR 6)
                                        2 = CANCEL ACTION ONLY (ACTION CODE = 4)
                                        3 = COVERAGE TRANSFER (CANCEL REASON CODE = C)
                                        4 = PLAN TRANSFER (CANCEL REASON CODE = P)
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                                    5 = SCRAMBLE (CANCEL REASON CODE = S)
                                    6 = DUPLICATE BILLING (CANCEL REASON CODE = D)
                                    7 = OTHER (CANCEL REASON CODE = H)
                                    8 = COMBINING 2 SPELLS OR 2 BENEFICIARY RECORDS
                                        (CANCEL REASON CODE = L)

                                    WARNING INDICATOR 7 ('STATE/COUNTY NUMERIC INDICATOR'
                                    DERIVED FROM CHECKING THE FORMAT OF THE BENEFICIARY
                                    RESIDENCE SSA STATE CODE AND BENEFICIARY RESIDENCE
                                    COUNTY CODE ON THE FINAL ACTION CLAIM(S) THAT COMPRISE
                                    THE STAY; DETERMINE IF IN NUMERIC RANGE):

                                    0 = STATE AND COUNTY CODES ARE VALID NUMERIC VALUES
                                    1 = STATE AND COUNTY CODES ARE NOT IN NUMERIC RANGE
                                    2 = STATE CODE IS NOT IN NUMERIC RANGE
                                    3 = COUNTY CODE IS NOT IN NUMERIC RANGE

                                    WARNING INDICATOR 8 ('DUPLICATE INDICATOR' DERIVED FRO
                                    THE PRESENCE OF TWO CLAIM RECORDS WITH THE SAME CLAIM
                                    NUMBER, ADMISSION DATE, PROVIDER NUMBER, CLAIM FROM/
                                    THRU DATE, HCFA PROCESS DATE AND QUERY CODE; DEATH/
                                    ADMISSION DATE INDICATOR DERIVED BY COMPARING THE
                                    ADMISSION DATE ON THE FINAL CLAIM(S) THAT COMPRISE THE
                                    STAY TO THE BENEFICIARY DEATH DATE):

                                    0 = DO DUPLICATE RECORD
                                    1 = DUPLICATE RECORD
                                    2 = DEATH DATE < ADMISSION DATE
                                    3 = DEATH DATE < ADMISSION DATE AND DUPLICATE RECORD

                                    WARNING INDICATOR 9 ('PASS-THRU INDICATOR' DERIVED FRO
                                    THE PRESENCE OF A PASS THRU PER DIEM AMOUNT ON THE FIN
                                    ACTION CLAIM(S) THAT COMPRISE THE STAY):
1                                         -- FROM HCFA DATA DICTIONARY -- 02/15/2001


                                    POSITIONS
             NAME                TYPE  LENGTH BEG   END                          CONTENTS
   ---------------------------- ---- ------ --------- --------------------------------------------------

                                    0 = NO PASS THRU PER DIEM PRESENT (NON-PPS)
                                    1 = PASS THRU PER DIEM PRESENT ON FINAL ACTION CLAIM

                                    WARNING INDICATOR 10 (EFF 3/96 UPDATE) (RUGS INDICATOF
                                    APPLICABLE TO 'NHCMQ RUGS III SNF DEMO' STAY RECORDS
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                                        DERIVED FROM THE PRESENCE OF 9,000 SERIES REVENUE
                                        CENTER CODES.)

                                        0 = NO RUGS 9,000 SERIES REVENUE CENTER CODES
                                        2 = RUGS 9,000 SERIES REVENUE CENTER CODE(S) WITH
                                              SERVICE DATE 1/1/96 OR LATER
                                        3 = RUGS 9,000 SERIES REVENUE CENTER CODE(S) WITH
                                              SERVICE DATE 7/1/96 OR LATER
                                        4 = RUGS 9,000 SERIES REVENUE CENTER CODE(S) WITH
                                              SERVICE DATE 1/1/97 OR LATER

                                        WARNING INDICATORS 11 - 17 (NOT YET ASSIGNED; ZEROES
                                        WILL BE PRESENT)

                                        SOURCE:
                                        MEDPAR


1        BENE_IDENT_TB                        BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
         -------------                        -------------------------------------------


                                 SOCIAL SECURITY ADMINISTRATION:

                                 A  = PRIMARY CLAIMANT
                                 B  = AGED WIFE, AGE 62 OR OVER (1ST
                                        CLAIMANT)
                                 B1 = AGED HUSBAND, AGE 62 OR OVER (1ST
                                        CLAIMANT)
                                 B2 = YOUNG WIFE, WITH A CHILD IN HER CARE
                                        (1ST CLAIMANT)
                                 B3 = AGED WIFE (2ND CLAIMANT)
                                 B4 = AGED HUSBAND (2ND CLAIMANT)
                                 B5 = YOUNG WIFE (2ND CLAIMANT)
                                 B6 = DIVORCED WIFE, AGE 62 OR OVER (1ST
                                        CLAIMANT)
                                 B7 = YOUNG WIFE (3RD CLAIMANT)
                                 B8 = AGED WIFE (3RD CLAIMANT)
                                 B9 = DIVORCED WIFE (2ND CLAIMANT)
                                 BA = AGED WIFE (4TH CLAIMANT)
                                 BD = AGED WIFE (5TH CLAIMANT)
                                 BG = AGED HUSBAND (3RD CLAIMANT)
                                 BH = AGED HUSBAND (4TH CLAIMANT)
                                 BJ = AGED HUSBAND (5TH CLAIMANT)
                                 BK = YOUNG WIFE (4TH CLAIMANT)
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                              BL = YOUNG WIFE (5TH CLAIMANT)
                              BN = DIVORCED WIFE (3RD CLAIMANT)
                              BP = DIVORCED WIFE (4TH CLAIMANT)
                              BQ = DIVORCED WIFE (5TH CLAIMANT)
                              BR = DIVORCED HUSBAND (1ST CLAIMANT)
                              BT = DIVORCED HUSBAND (2ND CLAIMANT)
                              BW = YOUNG HUSBAND (2ND CLAIMANT)
                              BY = YOUNG HUSBAND (1ST CLAIMANT)
                              C1-C9,CA-CZ = CHILD (INCLUDES MINOR, STUDENT
                                        OR DISABLED CHILD)
                              D  = AGED WIDOW, 60 OR OVER (1ST CLAIMANT)
                              D1 = AGED WIDOWER, AGE 60 OR OVER (1ST
                                   CLAIMANT)
                              D2 = AGED WIDOW (2ND CLAIMANT)
                              D3 = AGED WIDOWER (2ND CLAIMANT)
                              D4 = WIDOW (REMARRIED AFTER ATTAINMENT OF
                                   AGE 60) (1ST CLAIMANT)
                              D5 = WIDOWER (REMARRIED AFTER ATTAINMENT OF
                                   AGE 60) (1ST CLAIMANT)
                              D6 = SURVIVING DIVORCED WIFE, AGE 60 OR OVER
                                    (1ST CLAIMANT)
                              D7 = SURVIVING DIVORCED WIFE (2ND CLAIMANT)
                              D8 = AGED WIDOW (3RD CLAIMANT)
                              D9 = REMARRIED WIDOW (2ND CLAIMANT)
                              DA = REMARRIED WIDOW (3RD CLAIMANT)
                              DD = AGED WIDOW (4TH CLAIMANT)
                              DG = AGED WIDOW (5TH CLAIMANT)
                              DH = AGED WIDOWER (3RD CLAIMANT)
                              DJ = AGED WIDOWER (4TH CLAIMANT)
                              DK = AGED WIDOWER (5TH CLAIMANT)
                              DL = REMARRIED WIDOW (4TH CLAIMANT)
                              DM = SURVIVING DIVORCED HUSBAND (2ND
                                   CLAIMANT)
                              DN = REMARRIED WIDOW (5TH CLAIMANT)
1      BENE_IDENT_TB                    BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
       -------------                    -------------------------------------------

                              DP = REMARRIED WIDOWER (2ND CLAIMANT)
                              DQ = REMARRIED WIDOWER (3RD CLAIMANT)
                              DR = REMARRIED WIDOWER (4TH CLAIMANT)
                              DS = SURVIVING DIVORCED HUSBAND (3RD
                                   CLAIMANT)
                              DT = REMARRIED WIDOWER (5TH CLAIMANT)
                              DV = SURVIVING DIVORCED WIFE (3RD CLAIMANT)
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                      DW = SURVIVING DIVORCED WIFE (4TH CLAIMANT)
                      DX = SURVIVING DIVORCED HUSBAND (4TH
                           CLAIMANT)
                      DY = SURVIVING DIVORCED WIFE (5TH CLAIMANT)
                      DZ = SURVIVING DIVORCED HUSBAND (5TH
                           CLAIMANT)
                      E  = MOTHER (WIDOW) (1ST CLAIMANT)
                      E1 = SURVIVING DIVORCED MOTHER (1ST
                           CLAIMANT)
                      E2 = MOTHER (WIDOW) (2ND CLAIMANT)
                      E3 = SURVIVING DIVORCED MOTHER (2ND
                           CLAIMANT)
                      E4 = FATHER (WIDOWER) (1ST CLAIMANT)
                      E5 = SURVIVING DIVORCED FATHER (WIDOWER)
                           (1ST CLAIMANT)
                      E6 = FATHER (WIDOWER) (2ND CLAIMANT)
                      E7 = MOTHER (WIDOW) (3RD CLAIMANT)
                      E8 = MOTHER (WIDOW) (4TH CLAIMANT)
                      E9 = SURVIVING DIVORCED FATHER (WIDOWER)
                           (2ND CLAIMANT)
                      EA = MOTHER (WIDOW) (5TH CLAIMANT)
                      EB = SURVIVING DIVORCED MOTHER (3RD
                           CLAIMANT)
                      EC = SURVIVING DIVORCED MOTHER (4TH
                           CLAIMANT)
                      ED = SURVIVING DIVORCED MOTHER (5TH
                           CLAIMANT
                      EF = FATHER (WIDOWER) (3RD CLAIMANT)
                      EG = FATHER (WIDOWER) (4TH CLAIMANT)
                      EH = FATHER (WIDOWER) (5TH CLAIMANT)
                      EJ = SURVIVING DIVORCED FATHER (3RD
                           CLAIMANT)
                      EK = SURVIVING DIVORCED FATHER (4TH
                           CLAIMANT)
                      EM = SURVIVING DIVORCED FATHER (5TH
                           CLAIMANT)
                      F1 = FATHER
                      F2 = MOTHER
                      F3 = STEPFATHER
                      F4 = STEPMOTHER
                      F5 = ADOPTING FATHER
                      F6 = ADOPTING MOTHER
                      F7 = SECOND ALLEGED FATHER
                      F8 = SECOND ALLEGED MOTHER
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                                  J1 = PRIMARY PROUTY ENTITLED TO HIB
                                       (LESS THAN 3 Q.C.) (GENERAL FUND)
                                  J2 = PRIMARY PROUTY ENTITLED TO HIB
                                       (OVER 2 Q.C.) (RSI TRUST FUND)
                                  J3 = PRIMARY PROUTY NOT ENTITLED TO HIB
                                       (LESS THAN 3 Q.C.) (GENERAL FUND)
                                  J4 = PRIMARY PROUTY NOT ENTITLED TO HIB
 1       BENE_IDENT_TB                   BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
         -------------                   ------------------------------------------

                                       (OVER 2 Q.C.) (RSI TRUST FUND)
                                  K1 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                       3 Q.C.) (GENERAL FUND) (1ST CLAIMANT)
                                  K2 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                       Q.C.) (RSI TRUST FUND) (1ST CLAIMANT)
                                  K3 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                       THAN 3 Q.C.) (GENERAL FUND) (1ST
                                       CLAIMANT)
                                  K4 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                       2 Q.C.) (RSI TRUST FUND) (1ST
                                       CLAIMANT)
                                  K5 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                       3 Q.C.) (GENERAL FUND) (2ND CLAIMANT)
                                  K6 = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                       Q.C.) (RSI TRUST FUND) (2ND CLAIMANT)
                                  K7 = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                       THAN 3 Q.C.) (GENERAL FUND) (2ND
                                       CLAIMANT)
                                  K8 = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                       2 Q.C.) (RSI TRUST FUND) (2ND
                                       CLAIMANT)
                                  K9 = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                       3 Q.C.) (GENERAL FUND) (3RD CLAIMANT)
                                  KA = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                       Q.C.) (RSI TRUST FUND) (3RD CLAIMANT)
                                  KB = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                       THAN 3 Q.C.) (GENERAL FUND) (3RD
                                       CLAIMANT)
                                  KC = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                       2 Q.C.) (RSI TRUST FUND) (3RD
                                       CLAIMANT)
                                  KD = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                       3 Q.C.) (GENERAL FUND) (4TH CLAIMANT)
                                  KE = PROUTY WIFE ENTITLED TO HIB (OVER 2 Q.C
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                                              (4TH CLAIMANT)
                              KF = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                   THAN 3 Q.C.)(4TH CLAIMANT)
                              KG = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                   2 Q.C.)(4TH CLAIMANT)
                              KH = PROUTY WIFE ENTITLED TO HIB (LESS THAN
                                   3 Q.C.)(5TH CLAIMANT)
                              KJ = PROUTY WIFE ENTITLED TO HIB (OVER 2
                                   Q.C.) (5TH CLAIMANT)
                              KL = PROUTY WIFE NOT ENTITLED TO HIB (LESS
                                   THAN 3 Q.C.)(5TH CLAIMANT)
                              KM = PROUTY WIFE NOT ENTITLED TO HIB (OVER
                                   2 Q.C.) (5TH CLAIMANT)
                              M  = UNINSURED-NOT QUALIFIED FOR DEEMED HIB
                              M1 = UNINSURED-QUALIFIED BUT REFUSED HIB
                              T  = UNINSURED-ENTITLED TO HIB UNDER DEEMED
                                   OR RENAL PROVISIONS
                              TA = MQGE (PRIMARY CLAIMANT)
                              TB = MQGE AGED SPOUSE (FIRST CLAIMANT)
                              TC = MQGE DISABLED ADULT CHILD (FIRST CLAIMANT)
                              TD = MQGE AGED WIDOW(ER) (FIRST CLAIMANT)
                              TE = MQGE YOUNG WIDOW(ER) (FIRST CLAIMANT)
                              TF = MQGE PARENT (MALE)
                              TG = MQGE AGED SPOUSE (SECOND CLAIMANT)
1        BENE_IDENT_TB                    BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
         -------------                    ------------------------------------------

                              TH = MQGE AGED SPOUSE (THIRD CLAIMANT)
                              TJ = MQGE AGED SPOUSE (FOURTH CLAIMANT)
                              TK = MQGE AGED SPOUSE (FIFTH CLAIMANT)
                              TL = MQGE AGED WIDOW(ER) (SECOND CLAIMANT)
                              TM = MQGE AGED WIDOW(ER) (THIRD CLAIMANT)
                              TN = MQGE AGED WIDOW(ER) (FOURTH CLAIMANT)
                              TP = MQGE AGED WIDOW(ER) (FIFTH CLAIMANT)
                              TQ = MQGE PARENT (FEMALE)
                              TR = MQGE YOUNG WIDOW(ER) (SECOND CLAIMANT)
                              TS = MQGE YOUNG WIDOW(ER) (THIRD CLAIMANT)
                              TT = MQGE YOUNG WIDOW(ER) (FOURTH CLAIMANT)
                              TU = MQGE YOUNG WIDOW(ER) (FIFTH CLAIMANT)
                              TV = MQGE DISABLED WIDOW(ER) FIFTH CLAIMANT
                              TW = MQGE DISABLED WIDOW(ER) FIRST CLAIMANT
                              TX = MQGE DISABLED WIDOW(ER) SECOND CLAIMANT
                              TY = MQGE DISABLED WIDOW(ER) THIRD CLAIMANT
                              TZ = MQGE DISABLED WIDOW(ER) FOURTH CLAIMANT
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                        T2-T9 = DISABLED CHILD (SECOND TO NINTH
                                 CLAIMANT)
                        W  = DISABLED WIDOW, AGE 50 OR OVER (1ST
                             CLAIMANT)
                        W1 = DISABLED WIDOWER, AGE 50 OR OVER (1ST
                             CLAIMANT)
                        W2 = DISABLED WIDOW (2ND CLAIMANT)
                        W3 = DISABLED WIDOWER (2ND CLAIMANT)
                        W4 = DISABLED WIDOW (3RD CLAIMANT)
                        W5 = DISABLED WIDOWER (3RD CLAIMANT)
                        W6 = DISABLED SURVIVING DIVORCED WIFE (1ST
                             CLAIMANT)
                        W7 = DISABLED SURVIVING DIVORCED WIFE (2ND
                             CLAIMANT)
                        W8 = DISABLED SURVIVING DIVORCED WIFE (3RD
                             CLAIMANT)
                        W9 = DISABLED WIDOW (4TH CLAIMANT)
                        WB = DISABLED WIDOWER (4TH CLAIMANT)
                        WC = DISABLED SURVIVING DIVORCED WIFE (4TH
                             CLAIMANT)
                        WF = DISABLED WIDOW (5TH CLAIMANT)
                        WG = DISABLED WIDOWER (5TH CLAIMANT)
                        WJ = DISABLED SURVIVING DIVORCED WIFE (5TH
                             CLAIMANT)
                        WR = DISABLED SURVIVING DIVORCED HUSBAND
                              (1ST CLAIMANT)
                        WT = DISABLED SURVIVING DIVORCED HUSBAND
                              (2ND CLAIMANT)


                        RAILROAD RETIREMENT BOARD:

                          NOTE:
                          EMPLOYEE:  A MEDICARE BENEFICIARY WHO IS
                                     STILL WORKING OR A WORKER WHO
                                     DIED BEFORE RETIREMENT
                          ANNUITANT: A PERSON WHO RETIRED UNDER THE
                                     RAILROAD RETIREMENT ACT ON OR
                                     AFTER 03/01/37
                          PENSIONER: A PERSON WHO RETIRED PRIOR TO
                                     03/01/37 AND WAS INCLUDED IN THE
                                     RAILROAD RETIREMENT ACT
1      BENE_IDENT_TB                 BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
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                              10 = RETIREMENT - EMPLOYEE OR ANNUITANT
                              80 = RR PENSIONER (AGE OR DISABILITY)
                              14 = SPOUSE OF RR EMPLOYEE OR ANNUITANT
                                   (HUSBAND OR WIFE)
                              84 = SPOUSE OF RR PENSIONER
                              43 = CHILD OF RR EMPLOYEE
                              13 = CHILD OF RR ANNUITANT
                              17 = DISABLED ADULT CHILD OF RR ANNUITANT
                              46 = WIDOW/WIDOWER OF RR EMPLOYEE
                              16 = WIDOW/WIDOWER OF RR ANNUITANT
                              86 = WIDOW/WIDOWER OF RR PENSIONER
                              43 = WIDOW OF EMPLOYEE WITH A CHILD IN HER CARE
                              13 = WIDOW OF ANNUITANT WITH A CHILD IN HER CARE
                              83 = WIDOW OF PENSIONER WITH A CHILD IN HER CARE
                              45 = PARENT OF EMPLOYEE
                              15 = PARENT OF ANNUITANT
                              85 = PARENT OF PENSIONER
                              11 = SURVIVOR JOINT ANNUITANT
                                   (REDUCED BENEFITS TAKEN TO INSURE BENEFITS
                                   FOR SURVIVING SPOUSE)


1     CLM_SRC_IP_ADMSN_TB                  CLAIM SOURCE OF INPATIENT ADMISSION TABLE
      -------------------                  -----------------------------------------



                                  **FOR INPATIENT/SNF CLAIMS:**


                              0 = ANOMALY: INVALID VALUE, IF PRESENT,
                                  TRANSLATE TO '9'
                              1 = PHYSICIAN REFERRAL - THE PATIENT WAS
                                  ADMITTED UPON THE RECOMMENDATION OF
                                  A PERSONAL PHYSICIAN.
                              2 = CLINIC REFERRAL - THE PATIENT WAS
                                  ADMITTED UPON THE RECOMMENDATION OF
                                  THIS FACILITY'S CLINIC PHYSICIAN.
                              3 = HMO REFERRAL - THE PATIENT WAS ADMITTED
                                  UPON THE RECOMMENDATION OF AN HEALTH
                                  MAINTENANCE ORGANIZATION (HMO)
                                  PHYSICIAN.
                              4 = TRANSFER FROM HOSPITAL - THE PATIENT
                                  WAS ADMITTED AS AN INPATIENT TRANSFER
                                  FROM AN ACUTE CARE FACILITY.
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                           5 = TRANSFER FROM A SKILLED NURSING
                               FACILITY (SNF) - THE PATIENT WAS
                               ADMITTED AS AN INPATIENT TRANSFER
                               FROM A SNF.
                           6 = TRANSFER FROM ANOTHER HEALTH CARE
                               FACILITY - THE PATIENT WAS ADMITTED
                               AS A TRANSFER FROM A HEALTH CARE
                               FACILITY OTHER THAN AN ACUTE CARE
                               FACILITY OR SNF.
                           7 = EMERGENCY ROOM - THE PATIENT WAS
                               ADMITTED UPON THE RECOMMENDATION OF
                               THIS FACILITY'S EMERGENCY ROOM
                               PHYSICIAN.
                           8 = COURT/LAW ENFORCEMENT - THE PATIENT WAS
                               ADMITTED UPON THE DIRECTION OF A
                               COURT OF LAW OR UPON THE REQUEST OF
                               A LAW ENFORCEMENT AGENCY'S
                               REPRESENTATIVE.
                           9 = INFORMATION NOT AVAILABLE -  THE MEANS
                               BY WHICH THE PATIENT WAS ADMITTED IS
                               NOT KNOWN.
                           A = TRANSFER FROM A CRITICAL ACCESS HOSPITAL -
                               PATIENT WAS ADMITTED/REFERRED TO THIS
                               FACILITY AS A TRANSFER FROM A CRITICAL
                               ACCESS HOSPITAL.
                               ----------------------------------------
                                **FOR NEWBORN TYPE OF ADMISSION**

                           1 = NORMAL DELIVERY - A BABY DELIVERED WITH
                               OUT COMPLICATIONS.
                           2 = PREMATURE DELIVERY - A BABY DELIVERED
                               WITH TIME AND/OR WEIGHT FACTORS
                               QUALIFYING IT FOR PREMATURE STATUS.
                           3 = SICK BABY - A BABY DELIVERED WITH
                               MEDICAL COMPLICATIONS, OTHER THAN THOSE
                               RELATING TO PREMATURE STATUS.
                           4 = EXTRAMURAL BIRTH - A BABY DELIVERED IN
                               A NONSTERILE ENVIRONMENT.
                           5-8 = RESERVED FOR NATIONAL ASSIGNMENT.
  1     CLM_SRC_IP_ADMSN_TB               CLAIM SOURCE OF INPATIENT ADMISSION TABLE
        -------------------               ----------------------------------------

                           9 = INFORMATION NOT AVAILABLE.
```

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1  CTGRY_EQTBL_BENE_IDENT_TB          CATEGORY EQUATABLE BENEFICIARY IDENTIFICATION CODE (BIC) TABLE
   --------------------------         -------------------------------------------------------------


                                      NCH BIC              SSA CATEGORIES
                                      -------              --------------

                                      A  = A;J1;J2;J3;J4;M;M1;T;TA
                                      B  = B;B2;B6;D;D4;D6;E;E1;K1;K2;K3;K4;W;W6;
                                           TB(F);TD(F);TE(F);TW(F)
                                      B1 = B1;BR;BY;D1;D5;DC;E4;E5;W1;WR;TB(M)
                                           TD(M);TE(M);TW(M)
                                      B3 = B3;B5;B9;D2;D7;D9;E2;E3;K5;K6;K7;K8;W2
                                           W7;TG(F);TL(F);TR(F);TX(F)
                                      B4 = B4;BT;BW;D3;DM;DP;E6;E9;W3;WT;TG(M)
                                           TL(M);TR(M);TX(M)
                                      B8 = B8;B7;BN;D8;DA;DV;E7;EB;K9;KA;KB;KC;W4
                                           W8;TH(F);TM(F);TS(F);TY(F)
                                      BA = BA;BK;BP;DD;DL;DW;E8;EC;KD;KE;KF;KG;W9
                                           WC;TJ(F);TN(F);TT(F);TZ(F)
                                      BD = BD;BL;BQ;DG;DN;DY;EA;ED;KH;KJ;KL;KM;WF
                                           WJ;TK(F);TP(F);TU(F);TV(F)
                                      BG = BG;DH;DQ;DS;EF;EJ;W5;TH(M);TM(M);TS(M)
                                           TY(M)
                                      BH = BH;DJ;DR;DX;EG;EK;WB;TJ(M);TN(M);TT(M)
                                           TZ(M)
                                      BJ = BJ;DK;DT;DZ;EH;EM;WG;TK(M);TP(M);TU(M)
                                           TV(M)
                                      C1 = C1;TC
                                      C2 = C2;T2
                                      C3 = C3;T3
                                      C4 = C4;T4
                                      C5 = C5;T5
                                      C6 = C6;T6
                                      C7 = C7;T7
                                      C8 = C8;T8
                                      C9 = C9;T9
                                      F1 = F1;TF
                                      F2 = F2;TQ
                                      F3-F8 = EQUATABLE ONLY TO ITSELF (E.G., F3 IS
                                              EQUATABLE TO F3)
                                      CA-CZ = EQUATABLE ONLY TO ITSELF.  (E.G., CA IS
                                              ONLY EQUATABLE TO CA)
```

```
                          ----------------------------------------
                                    RRB CATEGORIES

                          10 = 10
                          11 = 11
                          13 = 13;17
                          14 = 14;16
                          15 = 15
                          43 = 43
                          45 = 45
                          46 = 46
                          80 = 80
                          83 = 83
                          84 = 84;86
                          85 = 85
```

```
1        GEO_SSA_STATE_TB                                      STATE TABLE
         ----------------                                      -----------


                          01 = ALABAMA
                          02 = ALASKA
                          03 = ARIZONA
                          04 = ARKANSAS
                          05 = CALIFORNIA
                          06 = COLORADO
                          07 = CONNECTICUT
                          08 = DELAWARE
                          09 = DISTRICT OF COLUMBIA
                          10 = FLORIDA
                          11 = GEORGIA
                          12 = HAWAII
                          13 = IDAHO
                          14 = ILLINOIS
                          15 = INDIANA
                          16 = IOWA
                          17 = KANSAS
                          18 = KENTUCKY
                          19 = LOUISIANA
                          20 = MAINE
                          21 = MARYLAND
                          22 = MASSACHUSETTS
                          23 = MICHIGAN
                          24 = MINNESOTA
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                                    25 = MISSISSIPPI
                                    26 = MISSOURI
                                    27 = MONTANA
                                    28 = NEBRASKA
                                    29 = NEVADA
                                    30 = NEW HAMPSHIRE
                                    31 = NEW JERSEY
                                    32 = NEW MEXICO
                                    33 = NEW YORK
                                    34 = NORTH CAROLINA
                                    35 = NORTH DAKOTA
                                    36 = OHIO
                                    37 = OKLAHOMA
                                    38 = OREGON
                                    39 = PENNSYLVANIA
                                    40 = PUERTO RICO
                                    41 = RHODE ISLAND
                                    42 = SOUTH CAROLINA
                                    43 = SOUTH DAKOTA
                                    44 = TENNESSEE
                                    45 = TEXAS
                                    46 = UTAH
                                    47 = VERMONT
                                    48 = VIRGIN ISLANDS
                                    49 = VIRGINIA
                                    50 = WASHINGTON
                                    51 = WEST VIRGINIA
                                    52 = WISCONSIN
                                    53 = WYOMING
                                    54 = AFRICA
                                    55 = ASIA
                                    56 = CANADA & ISLANDS
                                    57 = CENTRAL AMERICA AND WEST INDIES
1      GEO_SSA_STATE_TB                             STATE TABLE
       ----------------                             -----------

                                    58 = EUROPE
                                    59 = MEXICO
                                    60 = OCEANIA
                                    61 = PHILIPPINES
                                    62 = SOUTH AMERICA
                                    63 = U.S. POSSESSIONS
                                    64 = AMERICAN SAMOA
                                    65 = GUAM
```

```
                              66 = SAIPAN
                              97 = NORTHERN MARIANAS
                              98 = GUAM
                              99 = WITH 000 COUNTY CODE IS AMERICAN SAMOA;
                                   OTHERWISE UNKNOWN


1     PTNT_DSCHRG_STUS_TB                      PATIENT DISCHARGE STATUS TABLE
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                              01 = DISCHARGED TO HOME/SELF CARE (ROUTINE
                                   CHARGE).
                              02 = DISCHARGED/TRANSFERRED TO OTHER SHORT TERM
                                   GENERAL HOSPITAL FOR INPATIENT CARE.
                              03 = DISCHARGED/TRANSFERRED TO SKILLED
                                   NURSING FACILITY (SNF) - (FOR HOSPITALS
                                   WITH AN APPROVED SWING BED ARRANGEMENT,
                                   USE CODE 61 - SWING BED.  FOR REPORTING
                                   DISCHARGES/TRANSFERS TO A NON-CERTIFIED
                                   SNF, THE HOSPITAL MUST USE CODE 04 - ICF.
                              04 = DISCHARGED/TRANSFERRED TO INTERMEDIATE
                                   CARE FACILITY (ICF).
                              05 = DISCHARGED/TRANSFERRED TO ANOTHER TYPE
                                   OF INSTITUTION FOR INPATIENT CARE (INCLUDING
                                   DISTINCT PARTS).
                              06 = DISCHARGED/TRANSFERRED TO HOME CARE OF
                                   ORGANIZED HOME HEALTH SERVICE ORGANIZATION.
                              07 = LEFT AGAINST MEDICAL ADVICE OR DISCONTINUED
                                   CARE.
                              08 = DISCHARGED/TRANSFERRED TO HOME UNDER
                                   CARE OF A HOME IV DRUG THERAPY PROVIDER.
                              09 = ADMITTED AS AN INPATIENT TO THIS
                                   HOSPITAL (EFFECTIVE 3/1/91).  IN SITUA-
                                   TIONS  WHERE A PATIENT IS ADMITTED BEFORE
                                   MIDNIGHT OF THE THIRD DAY FOLLOWING THE
                                   DAY OF AN OUTPATIENT SERVICE, THE OUT-
                                   PATIENT SERVICES ARE CONSIDERED INPATIENT.
                              20 = EXPIRED (DID NOT RECOVER - CHRISTIAN
                                   SCIENCE PATIENT).
                              30 = STILL PATIENT.
                              40 = EXPIRED AT HOME (HOSPICE CLAIMS ONLY)
                              41 = EXPIRED IN A MEDICAL FACILITY SUCH AS
                                   HOSPITAL, SNF, ICF, OR FREESTANDING
                                   HOSPICE. (HOSPICE CLAIMS ONLY)
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42 = EXPIRED - PLACE UNKNOWN (HOSPICE CLAIMS
     ONLY)
50 = HOSPICE - HOME (EFF. 10/96)
51 = HOSPICE - MEDICAL FACILITY (EFF. 10/96)
61 = DISCHARGED/TRANSFERRED WITHIN THIS INSTI-
     TUTION TO A HOSPITAL-BASED MEDICARE
     APPROVED SWING BED (TO BE IMPLEMENTED IN
     1999)
71 = DISCHARGED/TRANSFERRED/REFERRED TO ANOTHER
     INSTITUTION FOR OUTPATIENT SERVICES AS
     SPECIFIED BY THE DISCHARGE PLAN OF CARE (TO
     BE IMPLEMENTED IN 1999).
72 = DISCHARGED/TRANSFERRED/REFERRED TO THIS
     INSTITUTION FOR OUTPATIENT SERVICES AS
     SPECIFIED BY THE DISCHARGE PLAN OF CARE
     (TO BE IMPLEMENTED IN 1999).
```

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